Meeting Agenda Item 1

Welcome and Opening Remarks
Co-Chair, Jennifer Bailit
Meeting Agenda Item 2

Update on FYC and ODM
Round #4 Funding of $4.8M

Christine Neumann
Meeting Agenda Item 2a

Neighborhood Navigation

Nailah Muhammad
Neighborhood Navigation

Bridging the gap between pregnant moms and needed support.

Nailah Muhammad
Neighborhood Navigator Liaison
Neighborhood Leadership Institute
Neighborhood Leadership Institute exists to develop grassroots leaders who help rebuild the bonds of community and improve the quality of life for neighborhood residents throughout Greater Cleveland.

Has trained over 1100 grassroots leaders in Cuyahoga County since 1998 through Neighborhood Leadership Cleveland. (Councilman Blaine Griffin, Lisa Matthews, Marie A. Jones, Erika Hood and myself)

Neighborhood Leadership Institute was established in 2001.

Neighborhood Leadership institute also provides services to the community such as Schools as Neighborhood Resources, Tru2U CMSD 8th grade mentoring, Parenting Project.

2018 Community Health (Neighborhood Navigation)
Ohio Equity Institute 2.0

- Neighborhood Navigation is a component of the Ohio Equity Institute Programming.
- Some of the other Programming of the Ohio Equity Institute is the Social Determinants of Health Taskforce whose goal is to develop, adopt or improve a policy or practice that impacts the environment that causes/contributes to preterm birth and low birth weight.
We anticipate the role of Neighborhood Navigator to strengthen the existing work by:

- Reducing the time it takes home visitors to build the case load which will increase their time actually serving the needs of their clients.
- Improving the link between medical provider and home visiting services.
- Improving the link between social services and medical services.
# Neighborhood Navigation: Priority Population

<table>
<thead>
<tr>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant</td>
</tr>
<tr>
<td>Income not greater than 200% FPL</td>
</tr>
<tr>
<td><strong>Possess One of the Following Risk Factors</strong></td>
</tr>
<tr>
<td>- Preterm Birth</td>
</tr>
<tr>
<td>- History of low birth weight</td>
</tr>
<tr>
<td>- Under the age of 25</td>
</tr>
<tr>
<td>- User of Tobacco products in home</td>
</tr>
<tr>
<td>- History of unstable housing</td>
</tr>
<tr>
<td>- Current diagnosis of a medical cond.</td>
</tr>
<tr>
<td>- History of child abuse and neglect</td>
</tr>
<tr>
<td>- In need of substance abuse treatment</td>
</tr>
<tr>
<td>- History of depression or other mental health diagnosis</td>
</tr>
</tbody>
</table>
Neighborhood Navigation:
21 Day Identification & Assessment

■ Identify Client
■ Referral to Central Intake for home visiting
■ Complete Assessment Research Electronic Data Capture (REDCap)
  – Demographics
  – Needs Assessment (commodities, medical & social)
  – Referrals made
  – 3 follow ups
  – Close
Neighborhood Navigation: Identifying Priority Population

- Job and Family Services
  - Virgil E. Brown
  - Quincy Place
  - Jane Edna Hunter
  - Old Brooklyn

- 211 First Call for Help

- Community Events

- Neighborhood Navigators Community Connections

- Radio Ads
As of September 30, 2019, we have served 434 pregnant residents.
We have identified 2,228 risk factors.
We have made 1,653 referrals to services within the community.
We have connected women to 871 referrals within the 21 day period of time of navigation.
326 of those referrals have been made to Help me Grow Central Intake.
What we’ve discovered

- 50.3 of the pregnant residents have unstable housing or is homeless.
- While Cuyahoga County data shows that only 8% of pregnant residents smoke, our data shows 37.8% of pregnant residents have a smoker in the house.
- A major barrier to prenatal care is transportation. (Transportation ranked the highest barrier at 86.6%)
why is navigation important

- Downstream work - Connecting pregnant residents with services and support
- Upstream work
  - The data informs us what needs to be addressed.
  - The Social Determinants of Health task force is utilizing the data collected to advocate for change.
We want to Partner with You

How?

- Tabling Community events
- Supporting the creation of a village for the pregnant women you serve
- Establishing a referral process with your program/organization.
Contact Information

Marie Jones
Director of Community Health Initiatives
Neighborhood Leadership Institute
5246 Broadway Avenue
Cleveland, Ohio 44127
(216) 812-8700 ext. 213
Marie@neighborhoodleadership.org

Nailah Muhammad
Neighborhood Navigator Liaison
Neighborhood Leadership Institute
5246 Broadway Avenue
Cleveland, Ohio 44127
(216) 812-8700 ext. 206
nailah@neighborhoodleadership.org
Meeting Agenda Item 3

Improve Breastfeeding Support

Lauren Lasko and Ann Witt
Teaming up: Primary Care Breastfeeding Support

Lauren Lasko APRN, IBCLC and Ann M. Witt, MD, IBCLC, FABM
Breastfeeding Medicine of Northeast Ohio
Neighborhood Family Practice

awitt@bfmedneo.com
llasko@nfpmedcenter.org or llasko@bfmedneo.com
WHY?
First Year Cleveland

Reduce Racial Disparities in Infant Mortality

Address Extreme Prematurity

Eliminate Sleep Related Deaths
Breastfeeding Initiation and Infant Mortality in an Urban Population

- Setting:
  - Shelby County, Tennessee
  - Infant Mortality 2004 overall: 12.8/1,000
  - Infant Mortality black population: 17.4/1000
  - 53.4% black
  - High poverty

Ware et al Breastfeeding Medicine 2019; 14(7): 465-473
● BF initiation associated with decreased total infant mortality (OR=0.81, 95% CI=0.68-0.97, p = 0.001)

● Neonatal mortality significantly reduced with any breastfeeding (OR=0.49, 95% CI=0.34-0.72, p = 0.001)

● Infant mortality from infectious disease decreased with BF initiation (OR=0.49, 95% CI=0.32-0.77, p = 0.002)
Breastfeeding lowers risk of SIDS

- Any breastfeeding ≥2 months protective (cuts risk by ½)
- Greater risk reduction with increased breastfeeding durations
  - 2-4 months aOR= 0.60 95% CI=0.44-0.82
  - 4-6 months aOR= 0.40 95% CI=0.26-0.63
  - >6 months aOR= 0.36 95% CI=0.22-0.61

Thomsen et al Pediatrics 2017 “Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data Meta-Analysis”
Breastfeeding Rates

Ever Breastfeeding
- Cuyahoga County: 81.9%
- National: 60.6%
- OH: 34.1%

6 months
- Cuyahoga County: 60.6%
- National: 60.6%
- OH: 34.1%

One year
- Cuyahoga County: 34.1%
- National: 34.1%
- OH: 34.1%

Difference between Black NH (63%) and White NH (82%) initiation in CC

NFP 2016-2017

Cuyahoga County rates 2012-2014 cohort

Why aren’t more families breastfeeding?

**Health Services**
- Employment and Child Care

**Lactation Problems**
- Lack of Knowledge
- Embarrassment

**Social Norms**
- Poor family and social support

**Barriers to Breastfeeding**
How to Improve Breastfeeding Support in the Primary Care Clinic

Team-Based Lactation Consultant/Primary Care Provider Visits
### First Week Postpartum Breastfeeding Families Need:

<table>
<thead>
<tr>
<th>Lactation Consultant</th>
<th>Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support in first week postpartum</strong></td>
<td><strong>Breastfeeding newborn seen within 1-3 days of discharge</strong></td>
</tr>
<tr>
<td>Primary focus:</td>
<td>Primary focus:</td>
</tr>
<tr>
<td>• Appropriate weight gain</td>
<td>• Appropriate weight gain</td>
</tr>
<tr>
<td>• Latching</td>
<td>• Monitor jaundice</td>
</tr>
<tr>
<td>• Engorgement management</td>
<td>• Follow-up on any other concerns since delivery</td>
</tr>
<tr>
<td>• Resolve pain</td>
<td></td>
</tr>
<tr>
<td>• Monitor milk supply</td>
<td></td>
</tr>
</tbody>
</table>
Addressing Lactation Problems and Health Care Services after Hospital Discharge
Problem: Lack of time and knowledge to provide full breastfeeding (BF) support at well visits

Traditionally: initial newborn visit scheduled with PCP

Refer out for further LC support
**Problem:** Lack of time and knowledge to provide full breastfeeding (BF) support at well visits

**Traditionally:** initial newborn visit scheduled with PCP

**Team-based:** LC/PCP see newborn at initial newborn visit

**Solution:** Staff lactation consultants at the first PCP visit after newborn hospital discharge to provide immediate support, address problems and then schedule as needed LC/PCP follow-up

---

**Team-based lactation consultant (LC) / primary care provider (PCP) model**

Experience

- Suburban
- High breastfeeding initiation
- 2008 implemented team-based LC/PCP care
- Previously IBCLC on staff to help with BF problems as they arise

Improved non-formula feeding over 9 months

Logistic growth curve analysis
OR=1.12, 95% CI 1.02-1.25

Translating Team-Based LC/PCP Breastfeeding Support into Practice

Breastfeeding Medicine of Northeast Ohio

Neighborhood Family Practice Community Health Centers

Teaming-up

First Year Cleveland
Translating Team-Based LC/PCP Breastfeeding Support into Practice

**How?**
- Common Concerns
- Space?
- Cannot afford
- Don’t have the time
- Need training
- Won’t work with our population
Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

SERVING A DIVERSE POPULATION

- White: 50%
- Hispanic/Latino: 27%
- Black/African American: 17%
- Other: 6%

INSURANCE STATUS OF PATIENTS

- Medicaid: 61%
- Private: 21%
- Medicare: 10%
- Uninsured: 8%

Bureau of Primary Health Care, CY 2017 Uniform Data System (UDS) Report

85% of patients qualify for financial assistance and 71% of patients are at or below poverty level

First Year Cleveland
HOW?
6-Point Practice Assessment Tool

1. BF Initiation
   - Determines volume of patients needing BF support
   - Prenatal ed may be needed

2. Newborn Volume
   - Volume + intent helps determine hours needed for LC

3. BF Rates
   - Establishes initiation rate
   - Measures progress
   - Find out when families weaning

4. BF Supports
   - Existing Resources
   - Training needed?

5. Provider Survey
   - Assess barriers
   - Assess training needed

6. Insurance/Billing
   - Each state and practice are different
   - Understand reimbursement policies

6-Point Practice Assessment Tool

1. BF Initiation: 82%
2. Newborn Volume: 295
3. BF Rates: Rapid weaning by 2mos to 55%
4. BF Supports: Refer out
5. Provider Survey: Request improved support
6. Insurance/Billing: 60% Medicaid

Estimated additional 400 patient visits in the first year
Justified training of RN to become CLC

NFP Highlights

Pre-Implementation 80% of providers thought
• Not enough time
• Need to increase lactation support

New service line at clinic
• > 500 LC/PCP visits
• >300 RN/LC visits first year

Currently expanding to other NFP sites
• Increased training
100%: “felt they provided better breastfeeding support”

liked “on-site immediate lactation support” and “having the LC join an already scheduled visit so the patient does not need an extra visit.”

Most common difficulties patients needed help with:
Latching difficulties (42%); Painful feeds (42%);
Low milk supply (42%)

What patients found helpful about the visit?:
Instruction on latch (60%);
Breastfeeding questions answered (80%);
Learned about hand expression and breast massage (50%)
Conclusions

Team based LC/PCP care is feasible in diverse patient environments

Patients and providers love it
Conclusions

In Cleveland we have the resources and opportunity to continue teaming up LC/PCPs in primary care practices, increase support to breastfeeding families, and address infant mortality.
Thank you
References

Meeting Agenda Item 4

Next steps from 400 Years of Inequity Summit

Art James and Margaret Mitchell
Next Steps after the “400-Years of Inequity Summit”

Recall that the Summit had 3 goals:
1. Commemorate the 400-years since African Slavery began in the United States
2. Begin changing the narrative:
   - From the dominant national narrative that racial disparities exist because of group level flaws among those of African ancestry
   - To the truth: that disparities are primarily a consequence of how America has managed the issue of Race
3. Provoke local, State, and National activity to figure out how we get on the other side of Racism
Anniversaries are an important part of life. They remind us of important events. Whether we're marking a birthday, a wedding or civil partnership, a momentous event, or the death of a loved one, an anniversary puts a pin on the calendar to remind us of something that matters to us.

Whatever the anniversary, it gives us a chance to look back over the years since the event we’re marking, and reflect on how it has shaped us. Remembering the past can be an important part of understanding who we are.

There are fixed dates through the year when we share collective memories: to remember those who’ve died in wars and conflicts, or to mark the passing of time since an event like September 11th 2001, for example. They are important for communities to come together and remember events that have had a huge collective impact on the community, and have shaped its future.
In August of 1619, a ship appeared on this horizon, near Point Comfort, a coastal port in the British colony of Virginia. It carried more than 20 enslaved Africans, who were sold to the colonists. No aspect of the country that would be formed here has been untouched by the years of slavery that followed. On the 400th anniversary of this fateful moment, it is finally time to tell our story truthfully.

The 1619 Project
Whatever the anniversary, it gives us a chance to look back over the years since the event we’re marking, and reflect on how it has shaped us. Remembering the past can be an important part of understanding who we are.

<table>
<thead>
<tr>
<th>Time Span:</th>
<th>Status:</th>
<th>Years:</th>
<th>% U.S. Experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1619–1865</td>
<td>Slaves:</td>
<td>246</td>
<td>61.5%</td>
</tr>
<tr>
<td></td>
<td>“Chattel”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1865–1964</td>
<td>Jim Crow:</td>
<td>99</td>
<td>24.5%</td>
</tr>
<tr>
<td></td>
<td>virtually no Citizenship rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1964–2019*</td>
<td>“Equal”</td>
<td>55</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>“Struggle”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Unfairness”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1619–2019</td>
<td></td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>
Time-line of African American Experience:

- **Slavery:** 246 yrs., 61.5% of time
- **Jim Crow:** 99 yrs., 24.5% of time
- **Post-CRA**: 55 yrs., 14% of time

86% of the AA experience either as Slaves or under Jim Crow

Hx. characterized by an uninterrupted continuum of providing substantial advantage to Whites while, simultaneously, exposing African Americans to substantial disadvantage.

*CRA: Civil Rights Act*
Anniversaries:

There are fixed dates through the year when we share collective memories: to remember those who’ve died in wars and conflicts, or to mark the passing of time since an event like September 11th 2001, for example. They are important for communities to come together and remember events that have had a huge collective impact on the community, and have shaped its future.

What has been the COLLECTIVE IMPACT on Black America?
Racial Wealth Gap:

Racially-motivated/discriminatory public policies are the most significant cause of the racial wealth gap:

It is easy to assume that this wealth gap is because people just do not attain enough education, or earn enough, or that it just happened. But history shows that policies at the federal, state, and local levels (especially housing policies) explicitly or implicitly denied communities of color access to wealth building opportunities that were available to White Americans.

What's Driving the Increasing Racial Wealth Gap?

- Family Financial Support & Inheritances: 5%
- Unemployment: 9%
- College Education: 5%
- Household Income: 20%
- Homeownership: 27%

Percent of the Difference in Relative Wealth Growth between Black and White Families Attributed to Each Factor

Source: IASP, 2013
How wealth affects health

Homeownership helps to build family savings for the next generation. But not everyone has the opportunity to build that financial legacy.

Gaps in homeownership by race have remained virtually unchanged since 1968.
How rising U.S. income inequality exacerbates racial economic disparities:

Racial income inequality in the U.S. has changed little in 48 years

Ratio of mean and median black family income to white family income in the United States, 1968-2016
“Our Broken Economy”

The poor and middle class used to see the largest income growth. But now, the very affluent (the 99.999th percentile) see the largest income growth.

Note: Inflation-adjusted annual average growth using income after taxes, transfers and non-cash benefits.
Targeting minority, low-income neighborhoods for hazardous waste sites:

Minority and low-income neighborhoods and communities in transition are disproportionately targeted by industries that follow the path of least resistance when deciding where to locate hazardous waste sites and other polluting facilities.

Several decades of research in the field of environmental justice has established clear patterns of racial and socioeconomic disparities in the distribution of a large variety of environmental hazards. Hazardous waste sites, polluting industrial facilities and other locally unwanted land uses are disproportionately located in nonwhite and poor communities.

Source: https://news.umich.edu/targeting-minority-low-income-neighborhoods-for-hazardous-waste-sites/
Air pollution exposure matters; it is the largest environmental health risk factor in the US, adding up to about 100,000 deaths each year.

https://www.pnas.org/content/116/13/6001
The Color of Justice: Racial and Ethnic Disparity in State Prisons

JUNE 14, 2016

Ashley Nellis, Ph.D.

African Americans are incarcerated in state prisons across the country at more than five times the rate of whites, and at least ten times the rate in five states. This report documents the rates of incarceration for whites, African Americans, and Hispanics in each state, identifies three contributors to racial and ethnic disparities in imprisonment, and provides recommendations for reform.
Figure 1 provides a national view of the concentration of prisoners by race and ethnicity as a proportion of their representation in the state’s overall general population, or the rate per 100,000 residents. Looking at the average state rates of incarceration, we see that overall blacks are incarcerated at a rate of 1,408 per 100,000 while whites are incarcerated at a rate of 275 per 100,000. This means that blacks are incarcerated at a rate that is 5.1 times that of whites. This national look also shows that Hispanics are held in state prisons at an average rate of 378 per 100,000, producing a disparity ratio of 1.4:1 compared to whites.

INCARCERATION RATES AMONG FOUNDING NATO MEMBERS

<table>
<thead>
<tr>
<th>Country</th>
<th>Incarceration Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>693</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>145</td>
</tr>
<tr>
<td>Portugal</td>
<td>139</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>120</td>
</tr>
<tr>
<td>Canada</td>
<td>114</td>
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<tr>
<td>France</td>
<td>99</td>
</tr>
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<td>Belgium</td>
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<td>Italy</td>
<td>88</td>
</tr>
<tr>
<td>Norway</td>
<td>70</td>
</tr>
<tr>
<td>Netherlands</td>
<td>69</td>
</tr>
<tr>
<td>Denmark</td>
<td>61</td>
</tr>
</tbody>
</table>

Lifetime Likelihood of Imprisonment

All Men: 1 in 9
White Men: 1 in 17
Black Men: 1 in 3
Latino Men: 1 in 6

All Women: 1 in 56
White Women: 1 in 111
Black Women: 1 in 18
Latina Women: 1 in 45

Ohio and Infant Mortality:
Ohio White & Black IMRs: 1980-2017

Disparity Ratio

Source: ODH
We have to go as far back as 1975 to find a White IMR comparable to our 2017 Black IMR. This suggests a **42-year survival time lag**, meaning that unless we change this pattern, Black babies in Ohio have to wait until the year **2059** to experience the same opportunity to survive the first year of life as White babies did in 2017. We think this is unfair, unjust and we know that we can do better.

Source: ODH
But...Ohio has NEVER accomplished any HP IMR Goal for Black babies.
Although Ohio achieved such goals for White babies 3 of 4 HP decades
And it has achieved the White goals in advance of the goal dates.

Source: ODH
OH has one of the nation’s highest Black IMRs

15.89

Source: Deaths: Final Data for 2017, NCHS
Why these disparities?
There’s No Scientific Basis for Race—It's a Made-Up Label

It's been used to define and separate people for millennia. But the concept of race is not grounded in genetics.
Humans share the vast majority (99.9%) of our DNA in common.

“Race does not provide an accurate representation of human biological variation. It was never accurate in the past, and it remains inaccurate... The Western concept of race must be understood as a classification system that emerged from, and in support of, European colonialism, oppression, and discrimination. It thus does not have its roots in biological reality, but in policies of discrimination. Because of that, over the last five centuries, race has become a social reality that structures societies and how we experience the world.”

It’s not RACE...

It’s RACISM!!!!
Unequal Treatment:

• Across virtually every therapeutic intervention, ranging from high technology procedures to the most elementary forms of diagnostic and treatment interventions, minorities receive fewer procedures and poorer quality medical care than whites.

• These differences persist even after differences in health insurance, SES, stage and severity of disease, co-morbidity, and the type of medical facility are taken into account.

• Moreover, they persist in contexts such as Medicare and the VA Health System, where differences in economic status and insurance coverage are minimized.

Institute of Medicine, 2003
Unconscious Discrimination:

• When one holds a negative stereotype about a group and meets someone who fits the stereotype s/he will discriminate against that individual

• Stereotype-linked bias is an
  • Automatic process
  • Unconscious process
  • Present among all of us

• It occurs even among persons who are not prejudiced

Source: Dr. David Williams
Therefore...

1. Racial disparities in health are large, pervasive and persistent over time.

2. Inequalities in health are created by larger inequalities in society, of which racism is one determinant.

3. Racial differences in health reflect the successful implementation of social policies. Eliminating them requires political will and commitment to implement new strategies to improve living and working conditions.

4. Eliminating disparities in health requires
   a. Acknowledging and documenting the health consequences of racism, and
   b. Efforts to ameliorate their negative effects, dismantle the structures of racism and/or establish countervailing influences to the pervasive processes of racism.

Source: Dr. David Williams
I'm begging the American people to pay attention to what is going on. Because if you want to have a democracy intact for your children, and your children's children, and generations yet unborn we've got to guard this moment... this is our watch.

- Elijah Cummings
EQUITY... have we grown content with just kicking this can down the Road? Do we ever intend to address it?
How long must people of color wait for justice? How long must we wait for an equitable opportunity to survive the first year of life?

• “For years now we have heard the word "Wait!" It rings in the ear of every Negro with piercing familiarity. This "Wait" has almost always meant "Never." We have come to see that "justice too long delayed is justice denied."
  — Martin Luther King Jr., *Letter from the Birmingham Jail* (1963)

• “You have always told us that progress takes time. It has taken my father’s time, my mother’s time, my aunt’s & uncle’s time, my sister’s and brother’s time, my niece’s and my nephew’s time *(this all after it took my grandparent’s, great grandparent’s, and great great grandparent’s time...and it has robbed too many of our newborns of any time)*...HOW MUCH TIME DO YOU WANT FOR PROGRESS?”
A Call to Action:

“The only thing necessary for the triumph [of evil] is for good men (and women) to (say) do nothing.”

Source: Edmund Burke, Irish Philosopher
Racial Disparities: “are not natural”...
we made it this way?

We often perceive racial health disparities as consequences of “nature”. As such, we convince ourselves that these differences are “fixed” or “hardwired”; a part of what is different about us as people and therefore cannot be changed.

Similarly, we also often see America as it is instead of an America as it should be...and we accept the difference between the two as “normal”.

However, these disparities are differences that we created, differences that occur as a consequence of systems that we put into place. Therefore, we know they can be changed and would suggest that their persistence is in part because of our unwillingness to “undo” what we have done.
It’s time to Declare Racism of Public Health Crisis!
We are challenging why it is that the Black IMR in Region V is the highest in the nation...

![Bar chart showing deaths per 1,000 in different regions.](chart.png)
We are establishing coalitions with:

- Other Ohio Organizations
  - OEI Communities
  - The Ohio State University Kirwan Institute for the Study of Race and Ethnicity
  - City and County Health Departments
- Other States, especially Region V States
- National Organizations:
  - National YWCA
  - March of Dimes
  - PolicyLink
  - #RacialHealing
  - WKKF
  - CityMatCH
  - NHSA
Within the context of this conversation that acknowledges the importance of Anniversaries...let me remind us all that First Year Cleveland was established in December of 2015. This month marks our 4-year anniversary and, as such, provides us with opportunity to take stock of why we are here, what we have done, and pay attention to where we are going.
Meeting Agenda Item 5

Update on Audited 2018 and Unaudited 2019 Infant Deaths Data Report

Richard Stacklin
RECENT INFANT MORTALITY & BIRTH OUTCOME DATA

First Year Cleveland – Community Action Council Meeting
December 3, 2019

Presenter:
Richard Stacklin, M.Ed.
Data Analyst
Epidemiology, Surveillance & Informatics

Cleveland data provided by:
Lauren Bottoms, MPH
Epidemiologist
Cleveland Department of Public Health - MomsFirst
Outline

• **New → Cleveland Data**
  - Presented on a quarterly basis

• **Comparison of (prelim) 2018 to 2019**
  - Prematurity and Infant Mortality (IM) Data

• **Running 4 Quarters of IM & Prematurity Data**
  - 4th Quarter 2018 & 1st-3rd Quarter 2019

Data from Ohio Department of Health – Bureau of Vital Statistics
  - The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
2015-2019 Infant Mortality Data: Cleveland

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Black Non-Hisp</th>
<th>Hisp</th>
<th>White Non-Hisp</th>
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<tr>
<td>2015</td>
<td>19.0</td>
<td>16.5</td>
<td>10.2</td>
<td>4.1</td>
</tr>
<tr>
<td>2016</td>
<td>19.9</td>
<td>16.8</td>
<td>8.8</td>
<td>6.0</td>
</tr>
<tr>
<td>2017</td>
<td>19.7</td>
<td>13.9</td>
<td>7.4</td>
<td>5.8</td>
</tr>
<tr>
<td>2018</td>
<td>14.2</td>
<td>13.6</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>2019</td>
<td>21.0</td>
<td>13.6</td>
<td>3.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>
2015-2019 Infant Mortality Data: Cuyahoga

- Overall
- Black Non-Hisp
- Hisp
- White Non-Hisp

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Black Non-Hisp</th>
<th>Hisp</th>
<th>White Non-Hisp</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>18.5</td>
<td>6.9</td>
<td>2.4</td>
<td>3.6</td>
</tr>
<tr>
<td>2016</td>
<td>10.5</td>
<td>8.2</td>
<td>8.7</td>
<td>4.5</td>
</tr>
<tr>
<td>2017</td>
<td>16.1</td>
<td>8.1</td>
<td>8.6</td>
<td>3.8</td>
</tr>
<tr>
<td>2018</td>
<td>15.5</td>
<td>10.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>14.5</td>
<td></td>
<td></td>
<td>3.8</td>
</tr>
</tbody>
</table>
Comparing 2018 to 2019 (Year to Date)
Cleveland (thru 3rd Quarter)
Cuyahoga (thru October)
## Comparison of Infant Mortality Data

**Cleveland: 2018 to 2019 (thru 3rd Quarter)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>18.23</td>
<td>20.95</td>
<td>14.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.55</td>
<td>4.12</td>
<td>-69.6%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>3.03</td>
<td>3.03</td>
<td>0</td>
</tr>
<tr>
<td>Overall</td>
<td>13.43</td>
<td>13.62</td>
<td>1.4%</td>
</tr>
<tr>
<td>Black-White Inequity</td>
<td>6.01</td>
<td>6.91</td>
<td>15.0%</td>
</tr>
</tbody>
</table>
Comparison of Infant Mortality Data
Cuyahoga: 2019 to 2018 (thru October)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>16.12</td>
<td>14.49</td>
<td>-10.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.72</td>
<td>3.55</td>
<td>-69.7%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>3.81</td>
<td>3.79</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Overall</td>
<td>8.91</td>
<td>7.92</td>
<td>-11.1%</td>
</tr>
<tr>
<td>Black-White Inequity</td>
<td>4.23</td>
<td>3.83</td>
<td>-9.6%</td>
</tr>
</tbody>
</table>
## Comparison of 22 Weeks or less Births

**Cleveland: 2018 to 2019 (thru October)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>21</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>2</td>
<td>-2</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>5</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>30</td>
<td>30</td>
<td>0</td>
</tr>
</tbody>
</table>
## Comparison of 22 Weeks or less Births

**Cuyahoga: 2019 to 2018 (thru October)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>26</td>
<td>32</td>
<td>6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>2</td>
<td>-2</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>41</td>
<td>49</td>
<td>8</td>
</tr>
</tbody>
</table>
Comparison of Very Preterm Birth Rates
Cleveland: 2018 to 2019 (thru 3rd Quarter)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>3.90%</td>
<td>4.57%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.71%</td>
<td>1.03%</td>
<td>-62.0%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>2.50%</td>
<td>3.34%</td>
<td>33.6%</td>
</tr>
<tr>
<td>Overall</td>
<td>3.30%</td>
<td>3.73%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>
## Comparison of Very Preterm Birth Rates

**Cuyahoga: 2019 to 2018 (thru October)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>3.58%</td>
<td>4.11%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2.34%</td>
<td>1.42%</td>
<td>-64.5%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>1.53%</td>
<td>1.50%</td>
<td>-2.2%</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>2.37%</td>
<td>2.51%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
## Comparison of Preterm Birth Rates

**Cleveland: 2018 to 2019 (thru 3rd Quarter)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>16.26%</td>
<td>15.76%</td>
<td>-3.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.01%</td>
<td>11.96%</td>
<td>-14.6%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>13.19%</td>
<td>11.12%</td>
<td>-15.7%</td>
</tr>
<tr>
<td>Overall</td>
<td>14.95%</td>
<td>13.87%</td>
<td>-7.2%</td>
</tr>
</tbody>
</table>
### Comparison of Preterm Birth Rates

**Cuyahoga: 2019 to 2018 (thru October)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>14.92%</td>
<td>14.84%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.16%</td>
<td>12.56%</td>
<td>-4.8%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>9.80%</td>
<td>9.52%</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Overall</td>
<td>11.95%</td>
<td>11.81%</td>
<td>-1.2%</td>
</tr>
</tbody>
</table>
Rolling 12 Months – Quarterly Data
October 2018-September 2019
IMR by Ethnicity or Race – Cuyahoga
4th Quarter 2018 – 3rd Quarter 2019

- Black non-Hispanic
  - 4th QTR: 17.5
  - 1st QTR: 15.0
  - 2nd QTR: 14.4
  - 3rd QTR: 13.9

- Hispanic
  - 4th QTR: 11.4
  - 1st QTR: 7.7
  - 2nd QTR: 4.2
  - 3rd QTR: 0.0

- White non-Hispanic
  - 4th QTR: 5.1
  - 1st QTR: 6.1
  - 2nd QTR: 4.2
  - 3rd QTR: 2.7

- Overall
  - 4th QTR: 9.2
  - 1st QTR: 10.1
  - 2nd QTR: 8.5
  - 3rd QTR: 7.5
22 Weekers by Ethnicity or Race – Cleveland
4th Quarter 2018 – 3rd Quarter 2019

<table>
<thead>
<tr>
<th>Ethnicity or Race</th>
<th>4th QTR</th>
<th>1st QTR</th>
<th>2nd QTR</th>
<th>3rd QTR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Overall</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>
22 Weekers by Ethnicity or Race – Cuyahoga
4th Quarter 2018 – 3rd Quarter 2019

- **Black non-Hispanic**: 10 (4th QTR), 18 (1st QTR), 5 (2nd QTR), 8 (3rd QTR)
- **Hispanic**: 1 (4th QTR), 1 (1st QTR), 0 (2nd QTR), 1 (3rd QTR)
- **White non-Hispanic**: 2 (4th QTR), 3 (1st QTR), 1 (2nd QTR), 7 (3rd QTR)
- **Overall**: 23 (4th QTR), 14 (1st QTR), 6 (2nd QTR), 18 (3rd QTR)

Legend:
- 4th QTR
- 1st QTR
- 2nd QTR
- 3rd QTR
VPTB by Ethnicity or Race – Cleveland
4th Quarter 2018 – 3rd Quarter 2019
VPTB by Ethnicity or Race – Cuyahoga
4th Quarter 2018 – 3rd Quarter 2019

- Black non-Hispanic: 4.3% (4th QTR), 5.8% (1st QTR), 3.3% (2nd QTR), 3.2% (3rd QTR)
- Hispanic: 1.5% (4th QTR), 1.6% (1st QTR), 0.8% (2nd QTR), 1.7% (3rd QTR)
- White non-Hispanic: 1.9% (4th QTR), 1.5% (1st QTR), 1.5% (2nd QTR), 1.7% (3rd QTR)
- Overall: 2.7% (4th QTR), 2.1% (1st QTR), 2.4% (2nd QTR), 3.1% (3rd QTR)
PTB by Ethnicity or Race – Cleveland
4th Quarter 2018 – 3rd Quarter 2019

<table>
<thead>
<tr>
<th>Ethnicity or Race</th>
<th>4th QTR</th>
<th>1st QTR</th>
<th>2nd QTR</th>
<th>3rd QTR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>15.5%</td>
<td>14.6%</td>
<td>14.9%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.9%</td>
<td>11.7%</td>
<td>12.0%</td>
<td>12.2%</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>14.6%</td>
<td>11.7%</td>
<td>11.7%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Overall</td>
<td>14.5%</td>
<td>12.5%</td>
<td>13.9%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>
PTB by Ethnicity or Race – Cuyahoga
4th Quarter 2018 – 3rd Quarter 2019

Black non-Hispanic:
- 4th QTR: 16.4%
- 1st QTR: 16.0%
- 2nd QTR: 13.8%
- 3rd QTR: 14.3%

Hispanic:
- 4th QTR: 12.2%
- 1st QTR: 13.2%
- 2nd QTR: 12.3%
- 3rd QTR: 11.3%

White non-Hispanic:
- 4th QTR: 10.5%
- 1st QTR: 10.4%
- 2nd QTR: 9.1%
- 3rd QTR: 9.8%

Overall:
- 4th QTR: 12.7%
- 1st QTR: 12.8%
- 2nd QTR: 11.1%
- 3rd QTR: 11.9%

Legend:
- 4th QTR
- 1st QTR
- 2nd QTR
- 3rd QTR
Summary

• Quarter over Quarter improvement of IMR & PTB in 2019

• Slight uptick in Cleveland Black non-Hispanic and Overall IMR in 2019

• Cleveland PTB decreased slightly in all groups in 2019

• Large proportion of Cuyahoga County infants born at 22 weeks or less gestation occurred in Cleveland
Questions
Meeting Agenda Item 6

CWRU Schubert Center
Capstone Presentation:
Racism is a Public Health Crisis

James Darnell
Racism: A Public Health Crisis (and its Implications on Child and Maternal Health)

12/03/2019
James Darnell
CWRU Schubert Center Mann Child Policy Extern
First Year Cleveland
What is Public Health

“Public health focuses on the entire spectrum of health and well-being, not only the eradication of particular diseases”
  ▶ Promoting well-being
  ▶ Prolonging life

Public Health applies to many domains of society
  ▶ Schools and Education
  ▶ Housing and Community
  ▶ Employment

Citations:
• WHO. Public health services. (2019).
Racism’s Impacts on Health

- Systemic
- Institutional
- Interpersonal
- Toxic Stress
- Stigma
- Social Determinants of Health

Citations:
Racism’s Impacts on Children

- **Adverse Childhood Experience**
  - **Causes**
    - Less access to resources
    - Less healthy neighborhoods
    - Racial discrimination
    - NOT any fault of the child
  - **Outcomes**
    - Academic
    - Behavioral
    - Health

- **Infant Mortality**

Citations:
- NVSS
Cleveland Context

Map of Redlining in Cuyahoga County: http://guides.osu.edu/maps-geospatial-data/maps/redlining/
Racism’s Impacts in Cleveland

- Infant Mortality
  - Cuyahoga County ranked last in the state in 2015
  - Ohio is consistently among the worst states for IMR disparity

Citations:
Racism’s Impacts in Cleveland

- Redlining & Housing Policy
  - Food Deserts
  - Wealth
  - School Districts
  - Lead Poisoning
- Trust in the police
  - Black residents are stopped more
  - Experience more racialized treatment
  - USDOJ Report

Citations:
- Cuyahoga County Board of Health. (2011, December 8). Cuyahoga County Assessment: Access to Supermarkets
- USDOJ (2014, December 4). Investigation of the Cleveland Division of Police
Public Health Crisis

What is a crisis?
- Sandro Galea’s definition
  - Affects a large number of people
  - Long term - threat to health
  - Requires large-scale solutions

Abstract

National Example of a Public Health Crisis
- Gun violence
  - Impacts on Children

Ohio Example of a Public Health Crisis that impacts children
- Infant mortality

Citations
- The Plain Dealer (2019, November 21) Tamir Rice’s story is about America’s fascination with guns and its fear of black people who have them
- Ohio 131st General Assembly. (n.d.). House Concurrent Resolution 12
Public Health Emergencies

- Acute and extraordinary
- Often a natural disaster or infectious disease
  - Like a hurricane
- An executive issue (Mayor/County Executive/Governor)
- Vaping declared a Public Health Emergency in Massachusetts
- Concrete

Citations
Resolutions vs Ordinances

- **Resolutions**
  - Position statements
    - Locally specific findings supported by data
    - Guides the position of the legislature

- **Ordinance**
  - Enacts or changes law
  - Can create programs or allocate funds
Addressing Racism as a Public Health Crisis — City and County Examples

- Before Wisconsin
  - Pacific Northwest
- Wisconsin
  - UW Madison, WPHA
  - Milwaukee County
- After Milwaukee County
  - Cook County, IN
  - Kansas City, MO
  - Madison, WI
Racism and Resolutions

- **Commonalities**
  - Declaration of racism as a public health crisis
  - Assessment of internal policy
  - Statement of commitment to equity
  - Workforce education
  - Equitable development

- **Impacts**
  - Racial equity training
  - Formulation of new offices, strategic plans, and focus groups
  - Inclusion of equity in future decision making
A Public Health Crisis as a Call to Action

- 400 Years of Inequity
  - 87% of the American experience
  - Results of the summit
- Ever-increasing support
  - Resolutions spreading across the nation
  - Wisconsin’s Impact

Potential Next Steps for Cleveland/Cuyahoga County

- Craft Locally Specific City and/or County Resolutions
- Commit to racial equity in:
  - Leadership
  - Planning and legislation
  - Workforce development
  - Collaborations with the community
  - Communication
  - Development projects
- Ensure transparency and accountability
- Encourage continued education
- Ensure common definitions
Questions?

For any further questions or if you would like information about a particular source, please contact me at james.darnell@case.edu
• American Public Health Association. (2019). Gun Violence is a Public Health Crisis


• Cuyahoga County Board of Health. (2011, December 8). Cuyahoga County Assessment: Access to Supermarkets

• Galea, S. (2017, April 23). Crying "Crisis": SPH: Boston University

• HIP Cuyahoga. (2019). 2019 Cuyahoga County Community Health Needs Assessment


• Morsy, L., & Rothstein, R. (2019, May 1). Toxic stress and children's outcomes: African American children growing up poor are at greater risk of disrupted physiological functioning and depressed academic achievement.
Bibliography

• NVSS Mortality Data 2007-2017
• USDOJ (2014, December 4). Investigation of the Cleveland Division of Police
• Ohio Department of Health. (2019, July 8). 2017 Ohio Infant Mortality Report - Final
• Ohio Public Health Association. (2017, December 14). Health Equity, Social Determinants, and the History of Place
• Ohio 131st General Assembly. (n.d.). House Concurrent Resolution 12
• The Plain Dealer (2019, November 21) Tamir Rice’s story is about America’s fascination with guns and its fear of black people who have them
• WHO. Public health services. (2019).
Media Citations

- Stream picture: https://commons.wikimedia.org/wiki/File:Potok_pod_jezerom_1.jpg
- Map of Redlining in Cuyahoga County: http://guides.osu.edu/maps-geospatial-data/maps/redlining/
Meeting Agenda Item 7

The Importance of Action to Ensure Cuyahoga County Census Count is Accurate

Audrey Wynne
2020 Decennial Census Briefing

Audrey Wynne
Partnership Specialist
2020 Census- Why is it Important?

- U.S. Constitutional Mandate, Article 1, Section 2
- Apportionment of seats in the U.S. House of Representatives
- Redistricting at the federal, state, and local levels
- Distribution of over $675 billion federal dollars to state and local governments
- Provide statistical support for grant applications
- Help community plan for future needs
4 Ways to Respond

• SECURE INTERNET
  New & Quick! Respond online. It’s safe, secure, and confidential. Your information and privacy are protected. It’s economical both for you and for the taxpayers. It’s user friendly with help screens and the ability to review your answers.

• RESPOND BY PHONE
  Our enumerators are ready to take your information question by question from the convenience of your phone from any location.

• RESPOND BY MAIL
  If you chose to use our traditional paper form, wait for it to arrive at your residence. It can be filled out at home and dropped in your mailbox or post office.

• IN-PERSON INTERVIEW
  Our enumerators will visit residences that choose not to self-respond.
What and Why We Ask

Most questions are asked to ensure an accurate count. Some questions are asked to collect key statistics used by various agencies for planning purposes. Regardless, all questions are collected for statistical purposes only and are protected by law.

- Population Count (number of people living or staying in household)
- Name
- Phone Number (in case we have a question about your form)
- Any Additional People Living or Staying in Household
- Whether a Person Lives or Stays Somewhere Else
- Owner/Renter
- Sex
- Age and Date of Birth
- Hispanic, Latino or Spanish Origin
- Race
- Relationship (to others in household)
2020 Census

Responding is easier than ever—over the internet, phone, or paper

Every household will have the option of responding online, by phone, or by mail.

Every household that hasn’t already responded will receive reminders and a paper questionnaire.

<table>
<thead>
<tr>
<th>On or between</th>
<th>You’ll receive:</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 12-20</td>
<td>An invitation to respond online to the 2020 Census. (Some households will also receive paper questionnaires.)</td>
</tr>
<tr>
<td>March 16-24</td>
<td>A reminder letter.</td>
</tr>
<tr>
<td>March 26-April 3</td>
<td>A reminder postcard.</td>
</tr>
<tr>
<td>April 8-16</td>
<td>A reminder letter and paper questionnaire.</td>
</tr>
<tr>
<td>April 20-27</td>
<td>A final reminder postcard before we follow up in person.</td>
</tr>
</tbody>
</table>

United States Census Bureau
U.S. Department of Commerce
Economics and Statistics Administration
U.S. CENSUS BUREAU
census.gov
The 2020 Census is being conducted in a rapidly changing environment, requiring a flexible design that takes advantage of new technologies and data sources while minimizing risk to ensure a high quality population count.
Title 13 of the U.S. Code states:

- The Census Bureau cannot disclose any information that identifies persons, homes or businesses for 72 years.
- The information is collected for statistical purposes only.
- Responses to the census cannot be used against you in any way by any government agency or court.
- The staff of the Census Bureau take an oath for life to protect personal information and may face heavy penalties for a violation.

Title 44 of the U.S. Code allows the National Archives and Records Administration to publish the census information only after 72 years.
• Response Outreach Area Mapper (ROAM)
• www.census.gov/ROAM

LRS Score: predicts mail return rate

• Variables:
  – Total Pop
  – Household Med Income
  – % Pop under age 5
  – % Pop over age 65
  – % below Poverty Level
  – Race Data
  – Language Data
  – % Renter Occupied Housing
Group Quarters Enumeration

**ABOUT GROUP QUARTERS ENUMERATION**

The goal of Group Quarters Enumeration is to count people who live or stay in group quarters. Group quarters are places where people live or stay in a group living arrangement. These places are owned or managed by an entity or organization providing housing and/or services for the residents. These services may include custodial or medical care as well as other types of assistance, and residency is commonly restricted to those receiving these services. This is not a typical household-type living arrangement. People living in group quarters are usually not related to each other.

**EXAMPLES OF GROUP QUARTERS**

- Group homes
- Nursing facilities/skilled-nursing facilities (nursing homes)
- Residential treatment facilities
- College/university or seminary student housing (residence halls or buildings), fraternity or sorority houses
- Religious group living quarters (e.g., convents, monasteries, and abbeys)
- Correctional facilities
- In-patient hospice facilities
- Hospitals
- Workers’ group living quarters
- Job Corps centers or vocational training facilities
Earn extra income while helping your community.

The U.S. Census Bureau is recruiting thousands of people across the country to assist with the 2020 Census count.

2020census.gov/jobs

**Job Details**
We are hiring for a variety of temporary jobs, including census takers, recruiting assistants, office staff, and supervisory staff.

**How to Apply**
Candidates must complete an online job application. The application includes assessment questions about your education, work, and other experience.

**Pay & Locations**
Positions for the 2020 Census are located throughout the United States and Puerto Rico.
We need your help!
Thank you!
Meeting Agenda Item 8

Update from FYC Action Team 2 on distribution of film “Toxic”

Sabrina Roberts
First Year Cleveland's Pregnancy and Infant Loss (PAIL) Initiative

IN PARTNERSHIP WITH THE
Healthy Neighborhoods Committee
of Healthy Cleveland

PRESENTS

TOXIC

A BLACK WOMAN’S STORY


How are these things intertwined?
This short film seeks to explore that question!

Tuesday, December 10, 2019
Atlas Cinemas at Shaker Square
13116 Shaker Square | Cleveland, Ohio 44120

MEET & GREET
5:30-6p.m.

FILM PREMIERE
6-6:30p.m.

FILM DISCUSSION
6:30-7:30p.m.

HOSTED BY:
Blaine Griffin
Cleveland City Councilman
Ward 6
Chair, Health and Human
Services Committee

To register, go to PAILConnect.org/events
First Year Cleveland
Community Action Council Meeting
December 3, 2019

Meeting Agenda Item 9
Closing Remarks
Co-Chair, Celina Cunanan