First Year Cleveland Community Action Council Meeting

Zoom Reminders

• Please rename yourself with your name and practice location in the “Manage Participants” box.

• Please enter your name and practice location into the “Chat” to record your attendance.

• Use the “Chat” feature to ask questions and receive survey links.

• Please remember to “Mute” your microphone unless speaking.

• Call our Tech Team at 440-796-2221 if you have audio or visual problems.

• If you can’t connect to audio via computer, or you lose computer audio at anytime, you can call in to the clinic at: 646-876-9923; meeting ID: 850 112 117.
First Year Cleveland
Community Action Council Meeting
May 12, 2020

Meeting Agenda Item 1
Welcome and
First Year Cleveland Update

Bernie Kerrigan
First Year Cleveland Updates

• FYC revised 2020 work to prioritize COVID-19 and equity

• New partnership with Greater Cleveland Food Bank
First Year Cleveland Updates

• Expanded communications
• Community care packages for expectant and new parents confirmed or at high risk of becoming infected with COVID-19
First Year Cleveland Updates

• Importance of 2020 Census
• Deadline to respond is October 31, 2020
First Year Cleveland Updates

Strategic Planning
Polling Question
Meeting Agenda Item 2

Update on Preliminary, Unaudited Q1 2020 Infant Death and Premature Birth Data

Richard Stacklin
RECENT INFANT MORTALITY & BIRTH OUTCOME DATA

First Year Cleveland – Advisory Council Meeting
May 12, 2020

Presenter:
Richard Stacklin, M.Ed.
Data Analyst
Epidemiology, Surveillance & Informatics
Cuyahoga County Board of Health
Outline

• 2019 & 2020 Infant Mortality (IM) Data by Month

• Longitudinal Infant Mortality Trend

• 2019 & 2020 Birth Count by Ethnicity or Race

• Running 4 Quarters IM & Prematurity Data
  • 2nd-4th Quarter 2019 & 1st Quarter 2020

Data from Ohio Department of Health – Bureau of Vital Statistics

• The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.
Prelim 2019 Data by Month
Total Infant Deaths by Month – 2019

Preliminary 2019 Infant Death Count = 120

2019 data are preliminary
Infant Deaths by Sex – 2019

2019 data are preliminary
Infant Deaths by Ethnicity or Race – 2019

- Black non-Hispanic (87)
- Hispanic (3)
- White non-Hispanic (27)
- All Others/Unknown (3)

2019 data are preliminary
Prelim 2020 Data by Month
Total Infant Deaths by Month – 2020

Preliminary 2020 Infant Death Count = 120

2020 data are preliminary
Infant Deaths by Sex – 2020

2020 data are preliminary
Infant Deaths by Ethnicity or Race – 2020

2020 data are preliminary
2016-Prelim 2020 Infant Mortality
2016-2020 Infant Mortality Data:
Cuyahoga

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
2015-2020 Cuyahoga County
Black-White Infant Death Inequity

Black-White Inequity Rate

*2019 & 2020 rates are preliminary
Black – White Infant Mortality Inequity: 2015 - 2020

*2019 & 2020 rates are preliminary
Black – White Infant Mortality Inequity

335 Black Infants needed to survive to achieve EQUITY

*2019 & 2020 rates are preliminary
Prelim 2019 & 2020 Birth Count
(through March)
Birth Count by Ethnicity or Race – Cuyahoga Prelim 2019 & Prelim 2020 (through March)

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>Total 2019</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black non-Hispanic</td>
<td>1,320</td>
<td>1,260</td>
<td>2,580</td>
<td>2,510</td>
</tr>
<tr>
<td>Hispanic</td>
<td>258</td>
<td>251</td>
<td>509</td>
<td>499</td>
</tr>
<tr>
<td>White non-Hispanic</td>
<td>1,644</td>
<td>1,514</td>
<td>3,158</td>
<td>3,024</td>
</tr>
<tr>
<td>All Other Races</td>
<td></td>
<td></td>
<td>1,132</td>
<td>1,052</td>
</tr>
</tbody>
</table>

Total 2019: 3,375
Total 2020: 3,196

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
Rolling 12 Months - Quarterly Data
January-December 2019
IMR by Ethnicity or Race – Cuyahoga
2nd-4th Quarter 2019 & 1st Quarter 2020

HealthyPeople 2020 Target = 6.0 per 1,000 live births

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
22 Weekers by Ethnicity or Race – Cuyahoga
2nd-4th Quarter 2019 & 1st Quarter 2020

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
VPTB by Ethnicity or Race – Cuyahoga
2nd-4th Quarter 2019 & 1st Quarter 2020

HealthyPeople 2020 Target = 1.5% or less

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
PTB by Ethnicity or Race – Cuyahoga
2nd-4th Quarter 2019 & 1st Quarter 2020

HealthyPeople 2020 Target = 9.4% or less

Source: Ohio Department of Health - Bureau of Vital Statistics; 2019 & 2020 data are preliminary
Summary

• Black non-Hispanic IMR & Preterm data still very high

• Hispanic & White non-Hispanic lower than HP2020 Goal

• Decrease in 22 weekers over the last 4 quarters (n=36)

• Not sure how COVID-19 will impact the data in the next 3, 6 or 12 months from now
Meeting Agenda Item 3

Update from
City of Cleveland

Director Merle Gordon
Meeting Agenda Item 4

Update from Action Team 4: Prenatal Care and Labor and Delivery COVID-19

Rita Horwitz
Dr. Brian Mercer
KEEPING YOU AND YOUR BABY
HEALTHY & SAFE
DURING COVID-19
First Year Cleveland
FYC Action Team #4
Reduce Extreme Premature Births & Racial Disparities

2018 Findings & Recommendations: Aggregate Data

Presenters: Rita Horwitz RN, Brian Mercer MD
( Co-Leads, AT#4)

First Year Cleveland
Community Action Team Meeting
Action Team #4 Goals

• Prevent/delay extreme premature births. Optimize outcomes of peri-viable births
• Collect data and launch learning circles with local birth hospitals and researchers/experts
• Launch QI interventions, monitor progress, identify and spread best practices
Causes of Infant Death
Cuyahoga County, 2013-2017

Work to Date & Future Work

- **Action Team #4 Formation**
  - May – August 2018

- **Aggregate baseline data (2013-2017 all four systems)**
  - Sept – Dec 2018

- **Learning Circles & define consensus-driven data elements**
  - Jan – Dec 2019

- **Gather and analyze/report patient data (2018-2019 all four systems)**
  - Jan - Dec 2020

- **QI interventions, ongoing evaluation; Integrate QI with AT#1**
2013-2017 Aggregate Baseline Data
Infant Mortalities Related to Prematurity by Gestational Week
Cuyahoga County, 2017

Overall total deaths=82
90% <26 weeks

Source: Cuyahoga County Board of Health
Proportion of Live Birth That Are Extremely Premature
(< 26 weeks)
All Live Births, 2013-2017

• Extreme premature births are a problem for every hospital system in Cuyahoga County.

Among participating systems, extreme prematurity rate ranges from a low of 0.5% to a high of 1.5%.
Cumulative Newborn Death before discharge by Week (%)

- Week 20: 0%
- Week 21: 25%
- Week 22: 47%
- Week 23: 50%
- Week 24: 71%
- Week 25: 75%
- Week 26: 81%
- Week 27: 100%

Weeks: 20 to 42
Prioritized Areas for Data Collection and Evaluation

Access to Early Care, Risk Identification and Follow-up
1: Early identification of risk for extremely preterm birth
2: Timely antenatal consultation for those at risk
3: Appropriate follow-up after ED evaluation

Access to Timely Consultation and Intervention
4: Timely access to Progesterone
5: Timely access to history and ultrasound indicated cerclage
6: Collaborative consultative care for twin/multifetal gestation

Coordinated Counseling and Care Planning at Admission
7: Systemwide guidelines regarding counseling and care for anticipated extremely preterm birth

Appropriate Access to Critical Newborn Interventions and Comfort Care
8: Coordinated care for imminent extremely preterm birth
9: Evaluation of appropriateness of resuscitation absent parental request for comfort care
## Mother’s Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Black - African American</th>
<th>White</th>
<th>Other-Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>81 (48%)</td>
<td>66 (39%)</td>
<td>23 (14%)</td>
<td>170</td>
</tr>
<tr>
<td>Nulliparous</td>
<td>22%</td>
<td>32%</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Teen (&lt;20 years old)</td>
<td>4%</td>
<td>12%</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Advanced Maternal Age (35+)</td>
<td>10%</td>
<td>21%</td>
<td>39%</td>
<td>18%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>80%</td>
<td>93%</td>
<td>94%</td>
<td>87%</td>
</tr>
<tr>
<td>Living with Partner</td>
<td>60%</td>
<td>85%</td>
<td>74%</td>
<td>73%</td>
</tr>
<tr>
<td>Other (non-partner) adults in home</td>
<td>12%</td>
<td>9%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Frequent Address Change</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Shelter / Homeless</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>Underweight</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Obese</td>
<td>60%</td>
<td>38%</td>
<td>44%</td>
<td>49%</td>
</tr>
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</table>
# Mother’s Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Black - African American</th>
<th>White</th>
<th>Other-Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>81 (48%)</td>
<td>66 (39%)</td>
<td>23 (14%)</td>
<td>170</td>
</tr>
<tr>
<td>Infertility Rx</td>
<td>1%</td>
<td>14%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Surrogate</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Multiple Gestation</td>
<td>6%</td>
<td>15%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Prior Uterine Surgery (incl. D&amp;C)</td>
<td>11%</td>
<td>9%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Prior Cervical Surgery</td>
<td>10%</td>
<td>2%</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Prior Obstetric History
N=170

- No prior pregnancy: 27%
- Prior preterm birth: 27%
- Prior miscarriage/abortion (<20 weeks) only: 18%
- Prior term birth(s) only: 28%

<table>
<thead>
<tr>
<th></th>
<th>Black - African American</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>No prior pregnancy</td>
<td>20%</td>
<td>33%</td>
</tr>
<tr>
<td>Prior preterm birth</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td>Prior miscarriage/abortion (&lt;20 weeks) only</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Prior term birth(s) only</td>
<td>25%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Prenatal Care Events
N=170

Access to Care

- 11%: First trimester care, but no first trimester Ultrasound
- 9%: First trimester ultrasound or ED visit but no first trimester care
- 3%: Received ultrasound or ED visit prior to 22 weeks but no documented prenatal care

Delayed Prenatal Care, Ultrasound for Cervical Length; Care Coordination Opportunity after ED Visit
Prenatal Care Events
N=170

Access to Cervical Length Assessment

53

11

Frist trimester prenatal care, but no cervical length measurement
Ultrasound prior to 23 weeks with no prenatal care visit or cervical length measurement

31% had no cervical length measurement and preterm labor was due to short cervix with no preventive intervention
Cervical Length Screening (Prior to 23 Weeks)

Access to Cervical Length Assessment

Number of Mothers

- All Mothers: 141
- African-American: 66
- White: 53
- Other/Unknown Race: 22

Access to Cervical Length Assessment:

- All mothers
- Cervical length measured before admission
## Prior Preterm Birth

### 17OH-Progesterone for Prior Spontaneous Premature Births

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of Mothers</th>
<th>17OHP Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Mothers</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>African-American</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>White</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Other/Unknown Race</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Cervical Insufficiency

(Diagnosed Prior to 23 Weeks)

<table>
<thead>
<tr>
<th>Race</th>
<th>Number of Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Mothers</td>
<td>29</td>
</tr>
<tr>
<td>African-American</td>
<td>17</td>
</tr>
<tr>
<td>White</td>
<td>8</td>
</tr>
<tr>
<td>Other/Unknown Race</td>
<td>4</td>
</tr>
</tbody>
</table>

- Cervical unsufficiency diagnosed

- All Mothers: 29
  - African-American: 17
    - White: 8
  - Other/Unknown Race: 4
Short Cervix

Vaginal Progesterone for Cervix (< 20 mm)

- All Mothers: 18 mothers, 11 offered vaginal progesterone
- African-American: 14 mothers, 9 offered vaginal progesterone
- White: 3 mothers, 2 offered vaginal progesterone
- Other/Unknown Race: 1 mother, 0 offered vaginal progesterone

Legend:
- Red: Short Cervix, No Prior Spontaneous Preterm Births
- Blue: Vaginal Progesterone offered
Multiple Gestations

<table>
<thead>
<tr>
<th>Race/Mother Type</th>
<th>Twins/Multiples Diagnosed</th>
<th>MFM Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Mothers</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>African-American</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>White</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Other/Unknown Race</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>
Intrapartum Interventions for Fetal Benefit
(Mothers with Documented Intent to Intervene, Delivery >1 hour After Admission)
**Intent to Intervene For Fetal Benefit and Intent to Resuscitate**

- **All Mothers:**
  - Intent to intervene for fetal benefit: 58%
  - Intent to resuscitate at birth: 69%

- **African American**:
  - Intent to intervene for fetal benefit: 58%
  - Intent to resuscitate at birth: 61%

- **White**:
  - Intent to intervene for fetal benefit: 56%
  - Intent to resuscitate at birth: 79%

- **Other/Unknown Race**:
  - Intent to intervene for fetal benefit: 60%
  - Intent to resuscitate at birth: 80%
NICU Staff Involvement and Care

Newborn Outcomes

- **All Newborns**
  - Liveborn: 69%
  - Comfort care provided: 19%
  - Newborn survived to discharge: 42%

- **African American**
  - Liveborn: 77%
  - Comfort care provided: 23%
  - Newborn survived to discharge: 48%

- **White**
  - Liveborn: 61%
  - Comfort care provided: 15%
  - Newborn survived to discharge: 33%

- **Other/Unknown Race**
  - Liveborn: 65%
  - Comfort care provided: 17%
  - Newborn survived to discharge: 48%
## Extreme Premature Births per 100 Live Births, Cuyahoga County 2018

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyahoga</td>
<td>149</td>
<td>13843</td>
<td>1.07</td>
</tr>
<tr>
<td>Cleveland</td>
<td>109</td>
<td>8956</td>
<td>1.22</td>
</tr>
<tr>
<td>OEI Targets</td>
<td>21</td>
<td>1417</td>
<td>1.48</td>
</tr>
</tbody>
</table>

Extreme PTB occurred in 43 out of 52 zip codes; It’s everyone's problem

OEI=Ohio Equity Institute
Extreme Premature Babies

divided by Birth Certificate Births in 2018
for Moms who were residents of zip codes in Cuyahoga County

<table>
<thead>
<tr>
<th>Social/Economic Determinants</th>
<th>High Ratio [1.50, 2.73]</th>
<th>Low Ratio [0.01, 1.50]</th>
<th>None (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of zip codes</td>
<td>16</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td>% Non-Hispanic White</td>
<td>53.4</td>
<td>57.6</td>
<td>75.4</td>
</tr>
<tr>
<td>% African-Amer. or Black</td>
<td>35.8</td>
<td>35.1</td>
<td>14.1</td>
</tr>
<tr>
<td>% Hispanic ethnicity</td>
<td>5.5</td>
<td>3.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Area Deprivation Index</td>
<td>106.8</td>
<td>102.1</td>
<td>86.6</td>
</tr>
<tr>
<td>Median Income</td>
<td>47,500</td>
<td>50,300</td>
<td>65,200</td>
</tr>
<tr>
<td>HS Graduation Rate</td>
<td>84.1</td>
<td>87.5</td>
<td>87.0</td>
</tr>
<tr>
<td>% Single-Parent HHs</td>
<td>39.7</td>
<td>39.3</td>
<td>23.1</td>
</tr>
<tr>
<td>% Broadband</td>
<td>69.9</td>
<td>73.7</td>
<td>77.1</td>
</tr>
<tr>
<td>% Smart Phone</td>
<td>64.5</td>
<td>66.4</td>
<td>69.7</td>
</tr>
<tr>
<td>Death Rate</td>
<td>12.8</td>
<td>11.7</td>
<td>9.4</td>
</tr>
<tr>
<td>Maltreatment Rate</td>
<td>20.9</td>
<td>13.1</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Data Reported to FYC/BHP

<table>
<thead>
<tr>
<th></th>
<th>High Ratio [1.50, 2.73]</th>
<th>Low Ratio [0.01, 1.50]</th>
<th>None (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Moms</td>
<td>64</td>
<td>71</td>
<td>0</td>
</tr>
<tr>
<td># of Babies</td>
<td>71</td>
<td>78</td>
<td>0</td>
</tr>
</tbody>
</table>

From 2018 Birth Certificate Data

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Births</td>
<td>235</td>
<td>321</td>
<td>158</td>
</tr>
<tr>
<td>% Medicaid</td>
<td>52.3</td>
<td>48.0</td>
<td>29.8</td>
</tr>
<tr>
<td>% Inadequate Pre-Natal Care</td>
<td>18.0</td>
<td>17.5</td>
<td>9.4</td>
</tr>
</tbody>
</table>
Prioritized Recommended QI Interventions: 2020

Based on chart review data collection, AT #4 prioritized 3 quality improvement interventions:

1. Early access to prenatal care for pregnant women presenting to an ED for evaluation

2. Early establishment of gestational age, pregnancy viability, and determination of pregnancy risk

3. Consistent cervical length screening in all pregnancies receiving prenatal care before 20 weeks
2020 Quality Improvement Activities
2020 QI Efforts – Clinical System

• Disseminated chart review findings at Cleveland Society of OB (Jan) and Grand Rounds at health systems (Jan-Feb)

• Health systems shared current processes related to 3 intervention areas in Learning Circles

• Developed key driver diagram for each intervention priority

• Journey mapping and fishbone diagram of current processes and pain points
Patient Journey

**Support & Referrals**
- Support Network
- CBOs

**Transportation**
- EMS
- Walk-in
- Transit

**Registration**
- Pregnancy information is captured

**ED Staff**
- If ≥18 weeks patient is sent to OB
  - Consult may occur <18 weeks

**OB Consult**
- Pregnancy-related issues included in diagnosis & treatment

**Scheduling**
- Follow-up appointment is made by patient

**Follow-up**
- MH assures support for patient
Obstacles to Timely Prenatal Care

**Support System**
- Wrong information (when to seek care)
- OB doesn’t ask about PNC
- Wait is too long
- Lack of resources

**Transit**
- Patient comes into ED with insufficient resources

**Registration**
- Woman does not know she’s pregnant
- PNC information is incorrect

**ED Doc**
- Visit isn’t seen as pregnancy-related
- Too early in pregnancy
- Nothing is done to aggregate discharge notes
- Patient is asked to call number

**OB Consult**
- Only has ability if specifically asked by Doc
- Lack of training

**Scheduling**
- Can’t schedule certain patients easily

**Follow-Up**
- Lack of training
- Patient is asked to call number

**Insufficient Care**
COVID-19 Pandemic
March 2020 - Present

Access to Care

In-Home / Group Interventions

TeleHealth
QI Integration – Action Team 4 & Action Team 1
Integrated Action Team#1 and #4 QI Efforts

- **Collaborate with Action Team #1**: Overlay the patient lens; integrate journey mapping of patient prenatal care and birth experience with health care system process mapping to achieve better outcomes, reduce disparities

- **Plan and implement integrated QI interventions**

- **Evaluate effects of COVID-19 on care and birth outcomes** *(as feasible)*
  - Virtual prenatal care visits; effectiveness of home monitoring – bp, weight, etc..
  - Birth experience; home births? With and without support/coaches/ Doulas
  - Post partum – follow up adherence?
  - Access to care / transportation– no show rate changes?
  - Racial disparities impact
Questions?

Please use the Zoom Chat feature if you would like to ask a question.
Meeting Agenda Item 5

Update on Racism as a Public Health Crisis in Cleveland

Katrice Cain
Margaret Mitchell
Dr. Arthur James
Racism as a Public Health Crisis

"STRUCTURAL RACISM HAS ALWAYS BEEN A PRE-EXISTING CONDITION"

RaceForward

Photos courtesy of GHLF.org, MSN.com, and PBS.org
Racism as a Public Health Crisis Updates

• Continued support from Councilman Blaine Griffin
  ○ Next Steps:
    ▪ HHS Committee Vote
    ▪ Finance Committee Vote
    ▪ Full Council Vote
    ▪ Timeline: Possibly Summer 2020

• Two Crises: Racism & COVID-19
  ○ COVID-19 Testing
  ○ Collection & Reporting of Race and Ethnicity Data
  ○ Narrative Change
Meeting Agenda Item 6

Zoom Breakout Sessions
We will break into four groups

Share what is needed to meet your consumer and staff needs during the pandemic.
Meeting Agenda Item 7

Report Out:
One person per breakout room
First Year Cleveland
Community Action Council Meeting
May 12, 2020

Meeting Agenda Item 8

Closing Remarks

Co-Chairs:
Dr. Jennifer Bailit
Celina Cunananan
Be sure to mark your calendar for the next meeting of the Community Action Council

Tuesday, August 11, from 2:00 – 4:00 p.m.

Via Zoom