OCPIM
Ohio Collaboative
to Prevent Infant Mortality

# Ohio Collaborative to Prevent Infant Mortality

**Virtual Town Hall Meeting**

**October 30th, 2020**

**Maternal and Child Health: Advocacy, Policies, and Programs**

OCPIM
Ohio Collaboative
to Prevent Infant Mortality

# Welcome

**Dr. Jim Greenberg, Cincinnati Children's Hospital, Co-chair**

**Dr. Stacy Scott, Baby 1st Network, Co-chair**

# National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

Ohio Collaborative to Prevent Infant Mortality (OCPIM) Presentation

October 2020

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA-17-094, National Action Partnership to Promote Safe Sleep Program, $4,998,565. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

National Action Partnership to Promote Safe Sleep

National Institute for Children's Health Quality

# Objective and Goals

**NAPPSS-IIN Purpose**: Make safe infant sleep and breastfeeding a national norm.

**Designed to positively influence the proportion of infants who:**

(1) are placed to sleep on their backs in a safe sleep environment that follows the American Academy of Pediatrics (AAP) recommendations,

(2) are ever breastfed, and

(3) continue to breastfeed at six months. Ultimately, this program seeks to reduce the rate of infants who tragically die due to sudden unexpected infant deaths (SUID).

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# Ohio Birthing Equity by 2030

Dr. Arthur James, Consultant
First Year Cleveland,
Past Co-Chair,
Ohio Collaborative to
Prevent Infant Mortality

# Ohio Birthing EQUITY by 2030.
# Why we need to plan for it NOW!

# A Call to Action for Ohio to SAVE ALL Ohio Mothers and Babies:

Arthur R. James MD, FACOG
Consultant to First Year Cleveland
Presentation to OCPIM
October 30, 2020

# This presentation is a REQUEST…

**For Ohio to begin NOW to plan for what we are going to do to ACHIEVE EQUITY in the opportunity to survive the 1st year of life by the end of 2030!**

- **Intentionally, this presentation DOES NOT attempt to provide a template for how Ohio achieves this goal.**
- **Instead, it is a call to action for those of us with MCH responsibility to come together with others (government, business, philanthropy, community, etc.) to develop a plan for how we will achieve equity.**
- **WE NEED TO BEGIN PLANNING NOW!!**

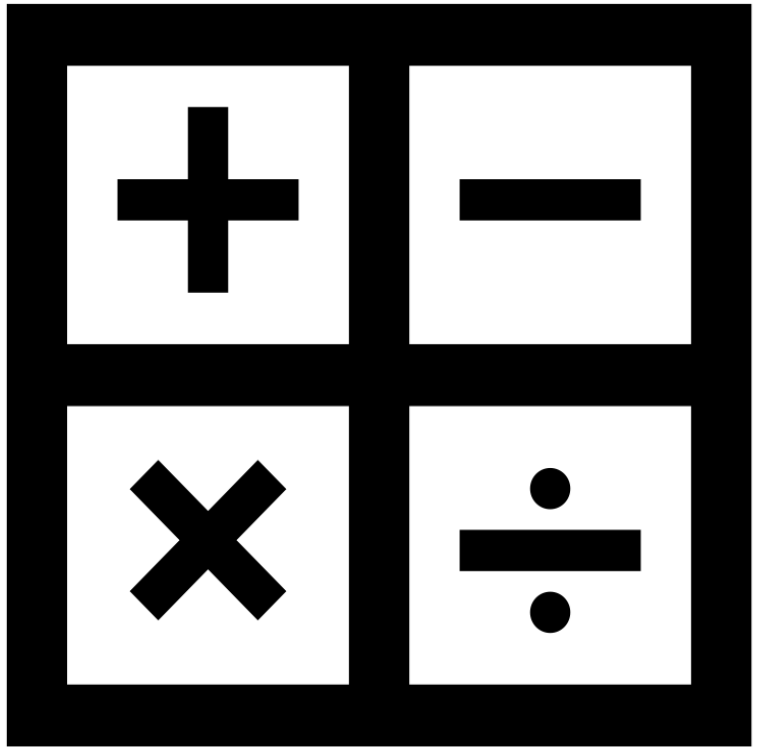
# What other NATIONAL organizations are saying:

# Assumptions behind SACIM's work

- Equity is central to improving overall infant and maternal health outcomes
- Public health approach is needed
- Maternal health and infant health are inextricably linked (as are women's health and maternal health)
  - Life Course perspective is needed (especially preconception period and 4th trimester)
- Work should be evidence-based
- Community voices and partnerships are essential
- Action is urgently needed – the opportunity is now. We can't wait for the "optimal time."
- We must be pragmatic
- Can't rely on the way we've always done things.

# SACIM Simple Rules

- Remember every baby and mother
- Center on equity
- Listen to community voices
- Build capacity
- Focus on connections
- Ask powerful questions
- Seize opportunities



# MCH Organizational Racism Statement – Call to Action 09/2020

Partnering Organizations:

AMCHP
ASTHO
CityMatCH
MoD
NACCHO
NHSA
NICHQ,

The Opportunity:

Leading organizations in MCH align to a shared statement around how to be anti-racist and support our members in following suit. We identify accountability areas for ourselves (lead by example) and by default set the stage for our members to follow.

*The Secretary's Advisory Committee on Infant Mortality (SACIM) plans to address the public health crisis of racism, specific to preventing maternal and infant mortality and eliminating racial disparities and make strategic recommendations for consideration."* Members of SACIM are committed to having the issue of systemic racism front and center in our discussions of maternal and infant mortality and are committed to bringing forth actionable recommendations for the Secretary and other organizations working to address the long-standing and on-going pandemic of systemic racism.

# NATIONAL EQUITY FRAMEWORK = COMMON AGENDA

**R** All people are healthy before during and after pregnancy and if they give birth, they have healthy outcomes.

**I**

- % of live births born preterm (before 37 weeks)
- Preterm birth disparity ratio for United States
- Maternal mortality rate
- Severe maternal morbidity
- Chronic hypertension in women aged 15-44
- Chronic diabetes in women aged 15-44

**S**

- Dismantle racism and address unequal treatment — A
- Increase access to high quality, healthcare — B
- Promote environmental justice — C
- Disrupt lifelong economic insecurity — D
- Build safe & connected communities — E

You can learn more here: www.marchofdimes.org/ActionNetwork. If you wish to join the Full Network meeting on November 12th, you can register here: https://marchofdimes.zoom.us/meeting/register/tJYldeiurjgtHd0sf8aiuMX-hUInvYFXGLsH

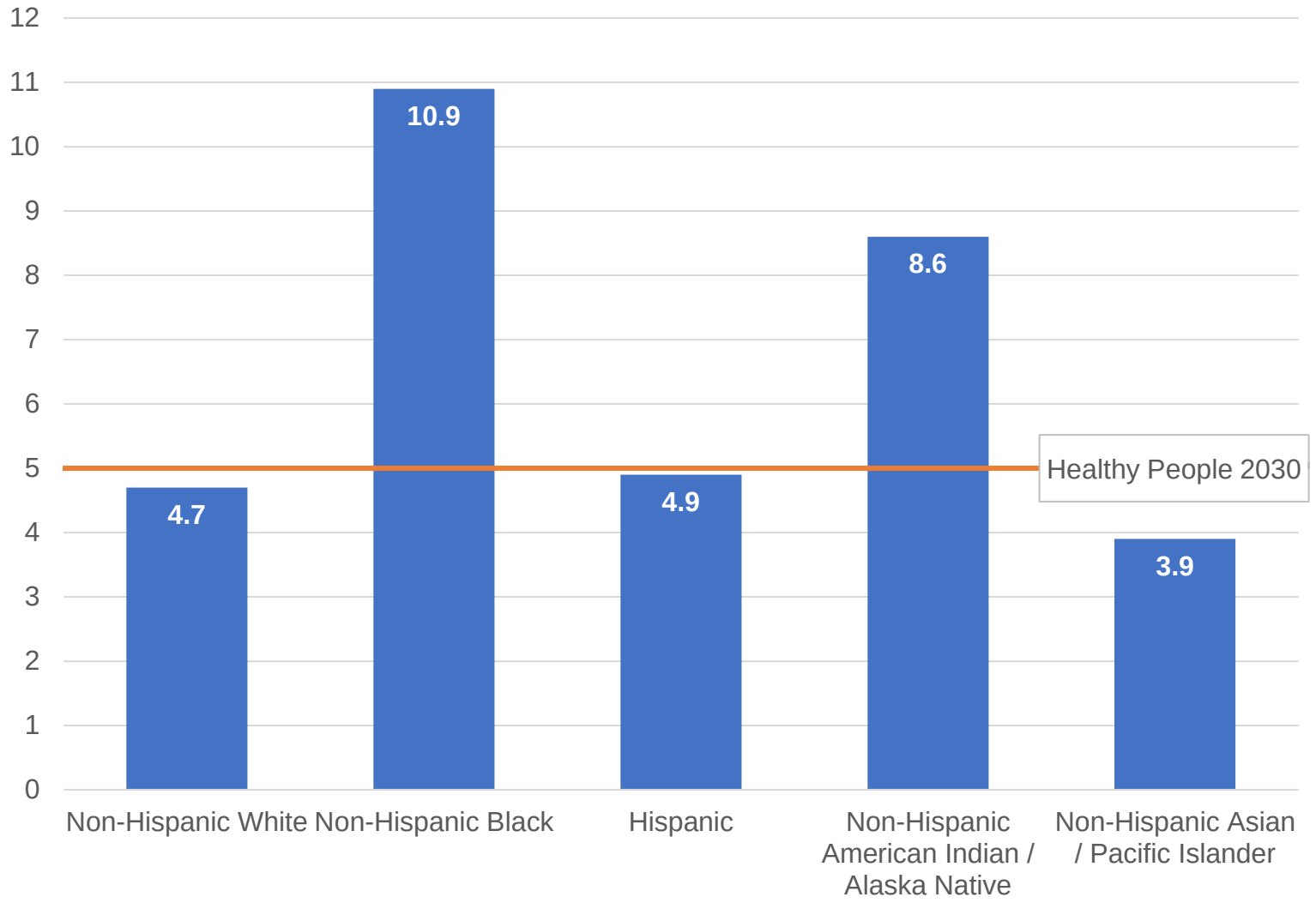

# M-BAN TIMELINE

# What will it take to achieve national EQUITY in infant mortality rates by 2030?

# Healthy People 2030:  IMR Goal = 5

# Where Are We Now?

## USA IMRs: 2016-2018




Of broad or bridged race/ethnic groups, **only NH Black and AI/AN infants have not already met the HP 2030 target.**

In fact, they have not even made the original HP 2000 target (7.0) 30 years after it was set.

Even if they meet the target, they wouldn't achieve equity with NH White majority group.

Using the same target setting projection for the overall IMR, NH White infants are projected to reach **4.0 by 2030** – this is the true target for equity.

Source: United States Department of Health and Human Services (US DHHS), Centers of Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS). Linked Birth / Infant Death Records 2016-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program, on CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/lbd-current.html

# What Will It Take to Achieve Birth Equity in the USA?

| Population | Annual Births | Current IMR | Reduction to Achieve Equity (Subtract 4.0) | Number of Annual Deaths Needed to Prevent (Multiply by Births/1,000) |
|---|---|---|---|---|
| NH Black | 583,439 | 10.9 | 6.9 | 4,026 |
| NH AI/AN | 34,801 | 8.6 | 4.6 | 160 |

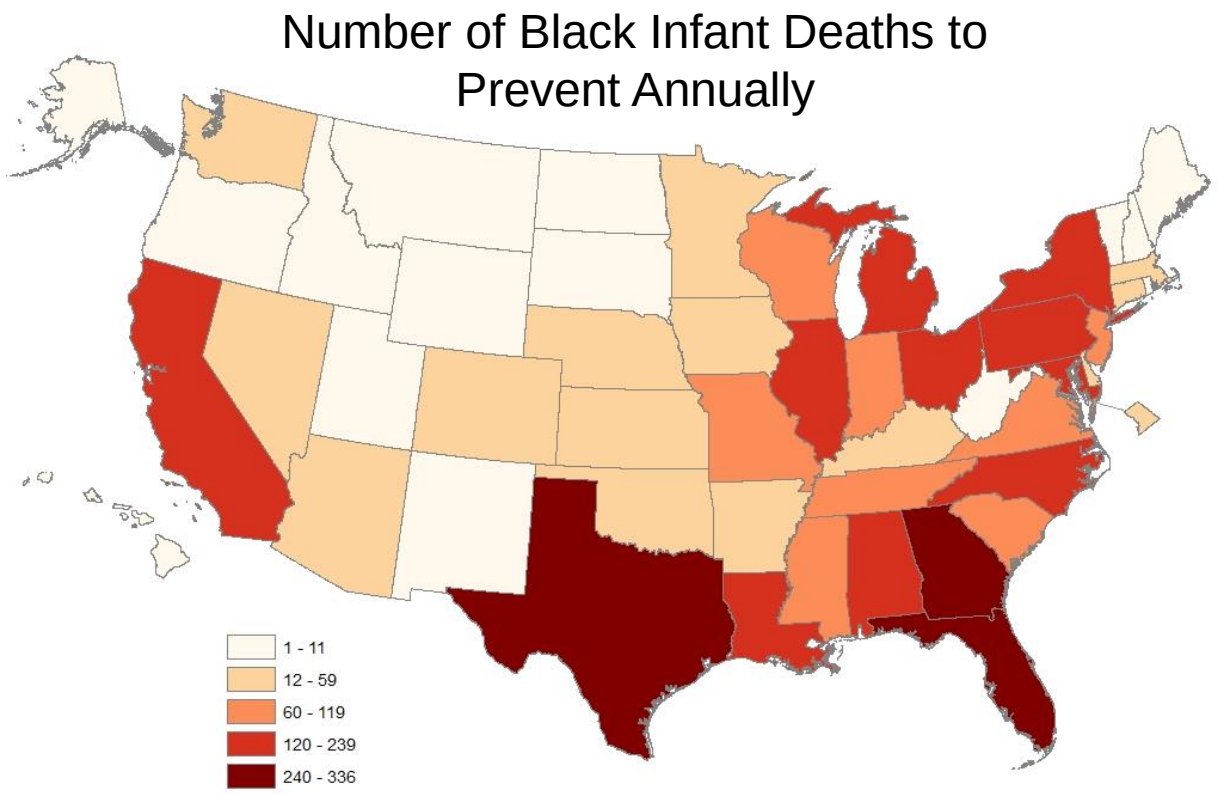
We need to save an additional 4,186 (Black and AI/AN) babies/year.

That's fewer than **12 babies/day.**

*For context: ~10,500 babies born each day in the United States.*

Notes: Uses 3-year average data (2016-2018) to improve stability of estimates and assumes constant births

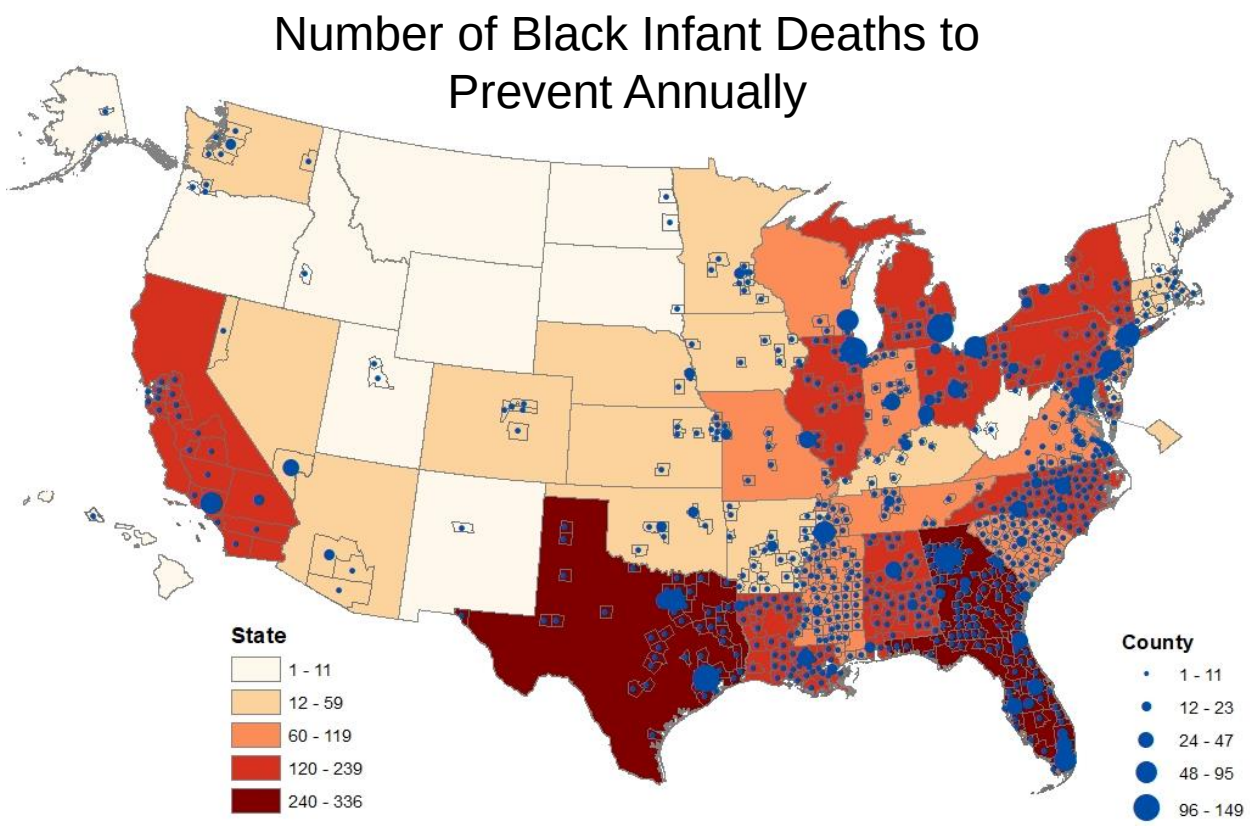
# What's the "Lift" at the State Level to Achieve Black-White Equity?




| Black Infant Deaths to Prevent Annually | Black Infant Deaths to Prevent Monthly | # States | % of Total Black Infant Deaths to Prevent |
|---|---|---|---|
| 1-11 | <1 | 15 | 1% |
| 12-59 | 1-4 | 15 | 11% |
| 60-119 | 5-9 | 8 | 19% |
| 120-239 | 10-19 | 10 | 45% |
| 240-336 | 20-28 | 3 | 24% |

Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7)

# What's the "Lift" at the County Level to Achieve Black-White Equity?

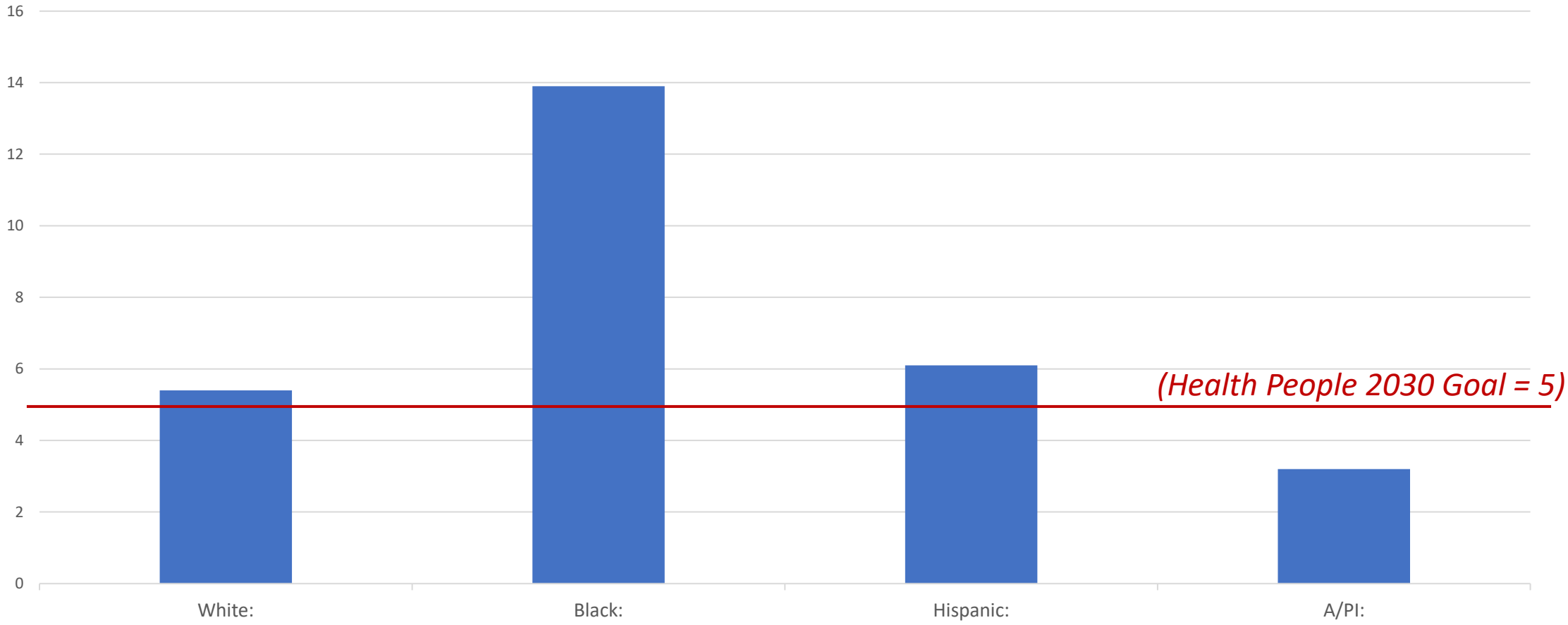



| Black Infant Deaths to Prevent Annually | Black Infant Deaths to Prevent Monthly | # Counties | % of Total Black Infant Deaths to Prevent |
|---|---|---|---|
| 1-5 | <1 | 646 | 29% |
| 6-11 | | 70 | 14% |
| 12-23 | 1 | 42 | 18% |
| 24-47 | 2-3 | 21 | 18% |
| 48-95 | 4-7 | 8 | 11% |
| 96-149 | 8-12 | 3 | 9% |

Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement for White IMR (1-4/4.7); 324 counties had no Black births and 2,023 counties had too few births to expect one death per year

# Why should this be important to Ohio?

# Ohio 2018 IMRs *(and HP 2030 Goal)*




Source: data from ODH, HP 2030 goal from HHS

# The 10 States with the highest Black IMRs: 2018

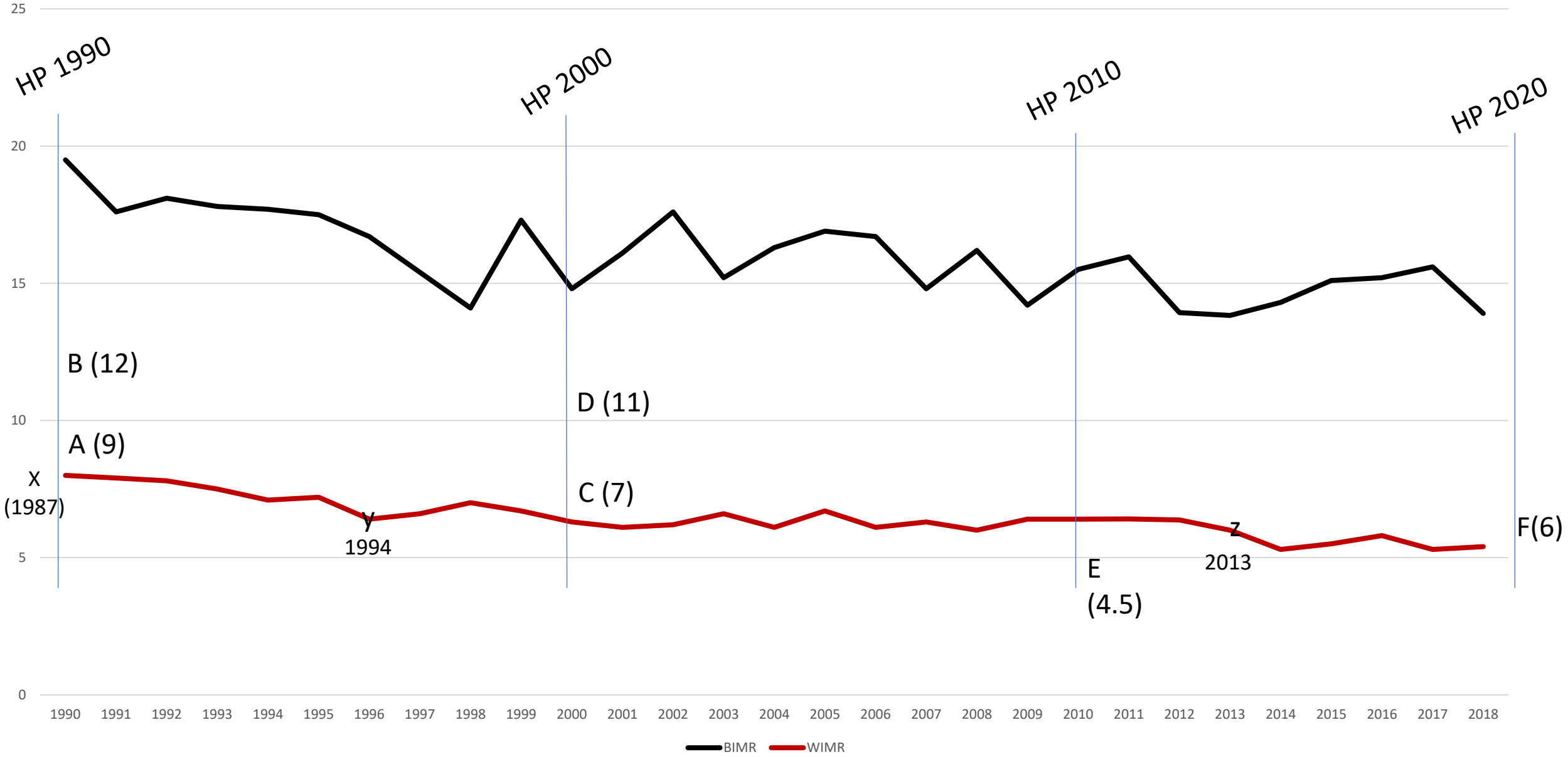
| State: | BIMR: |
|---|---|
| MI | 13.47 |
| OH | 13.42 |
| IL | 13.32 |
| NE | 13.23 |
| WI | 12.68 |
| OK | 12.57 |
| AR | 12.35 |
| IN | 11.91 |
| SC | 11.75 |
| KS | 11.65 |

During 2018 Ohio is essentially tied with Michigan for having the highest BIMR in the nation!

MA BIMR: 8.35, lowest in 2018

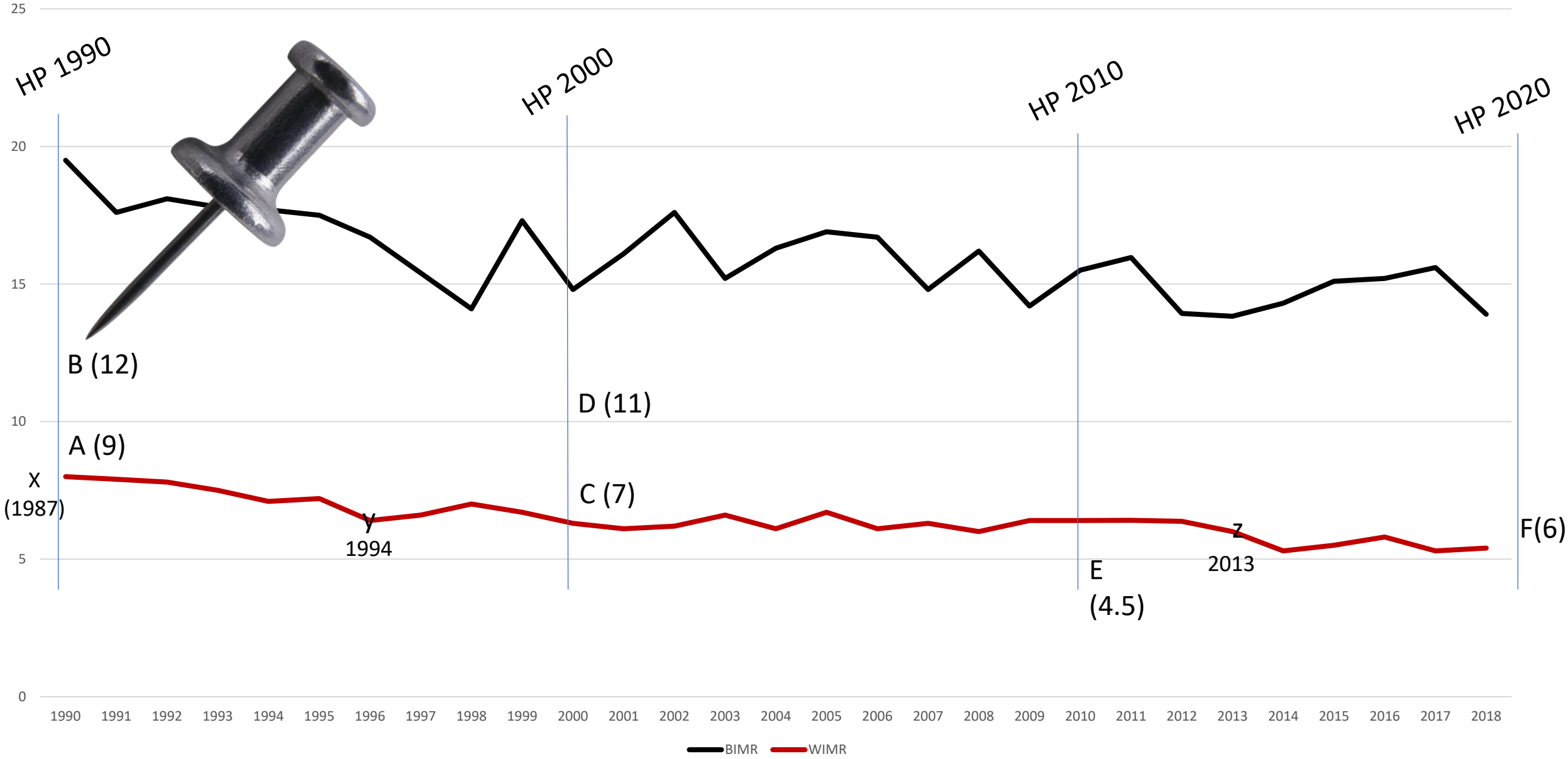
Source: CDC Wonder

# Ohio White and Black IMRs: 1990-2019




Source: ODH/HRSA

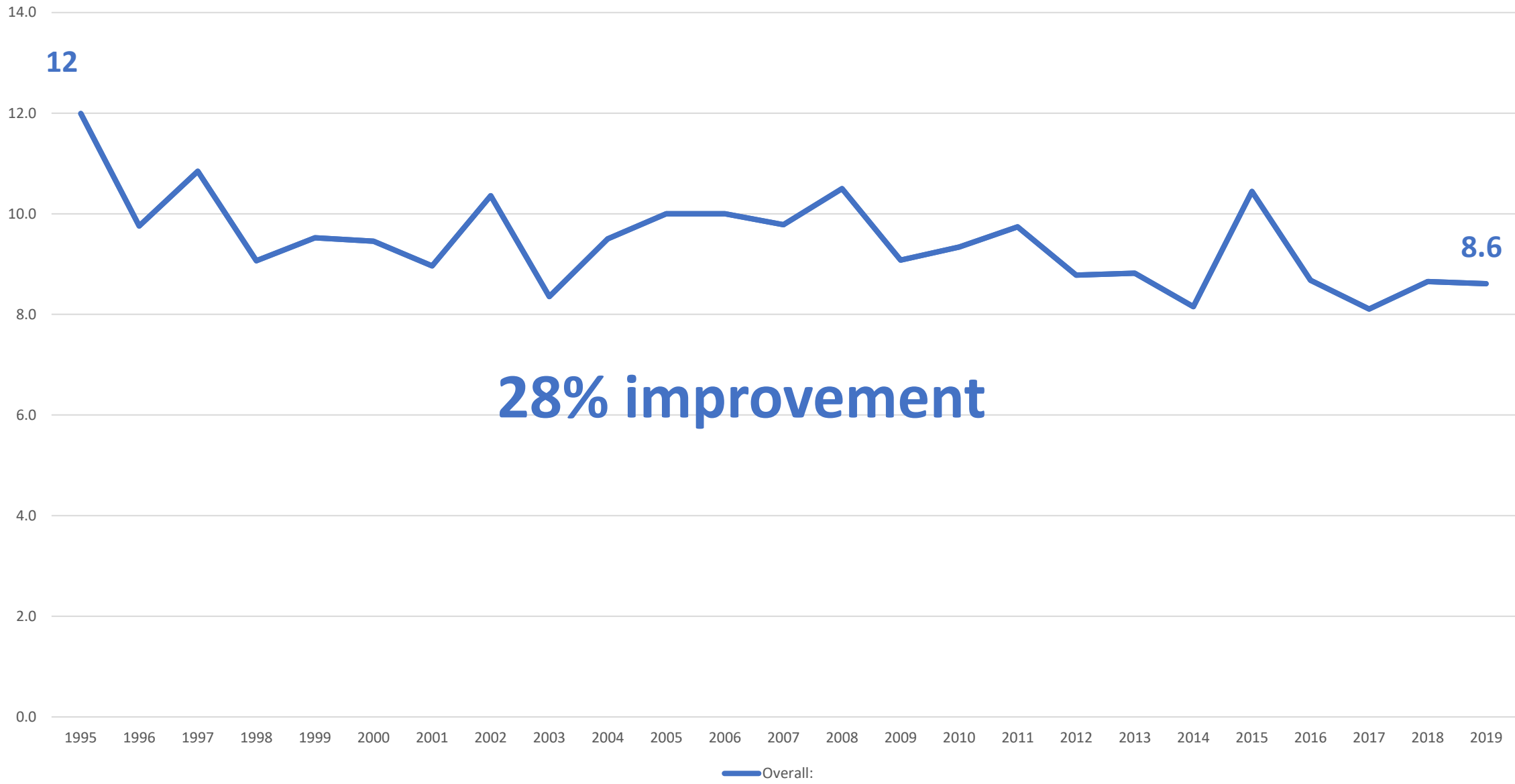
# Ohio White and Black IMRs: 1990-2019




Source: ODH/HRSA

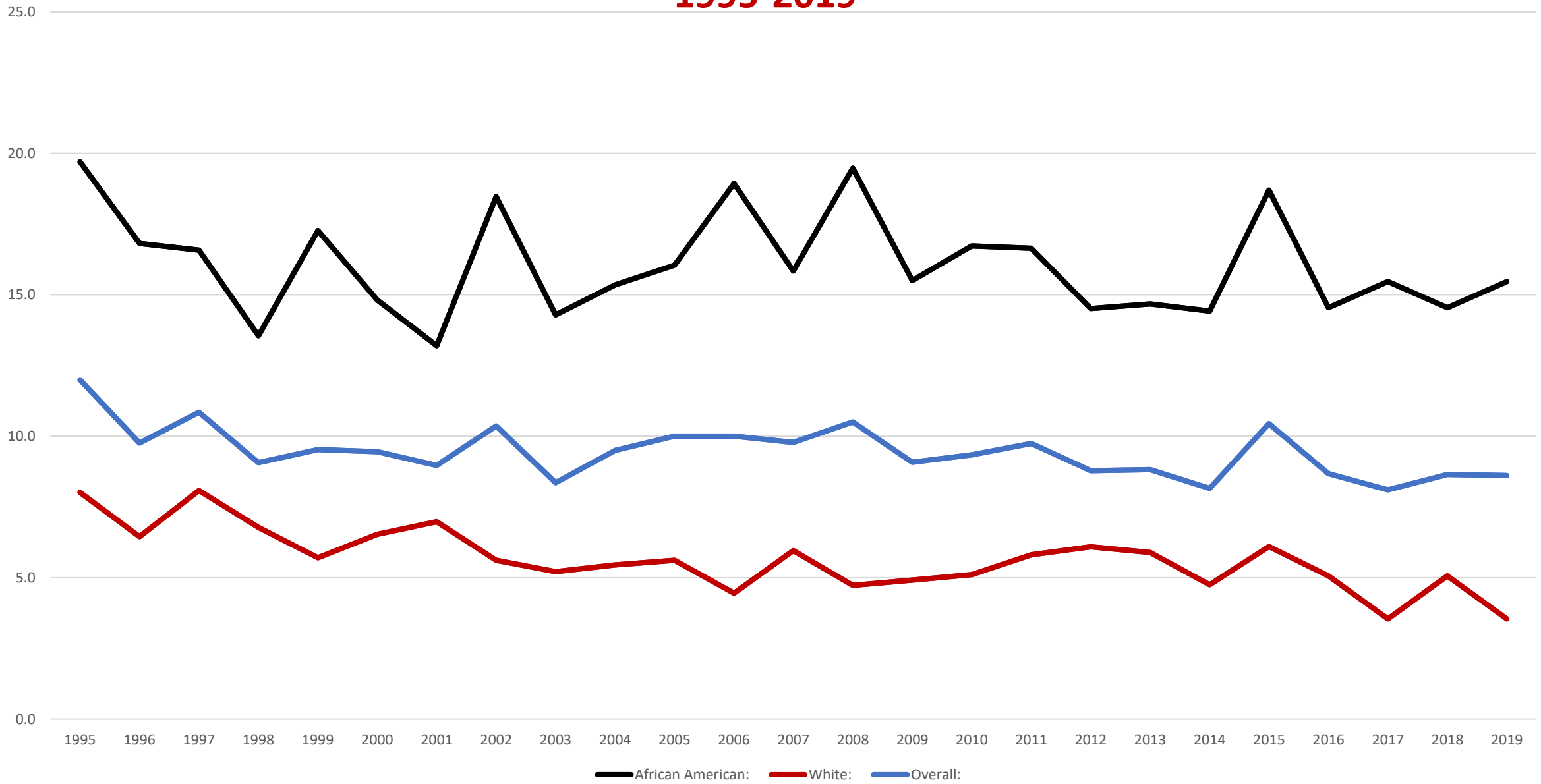
# Cuyahoga County, City of Cleveland example:

# Cuyahoga County Overall IMR: 1995-2019




1995-2003 is Vital Statistics data & 2004-present is from Child Fatality Review. Do not have racial breakdown by ethnicity (i.e., black non-Hispanic) for historical data, all data by race alone.

# Cuyahoga County Overall, White and African American IMR: 1995-2019

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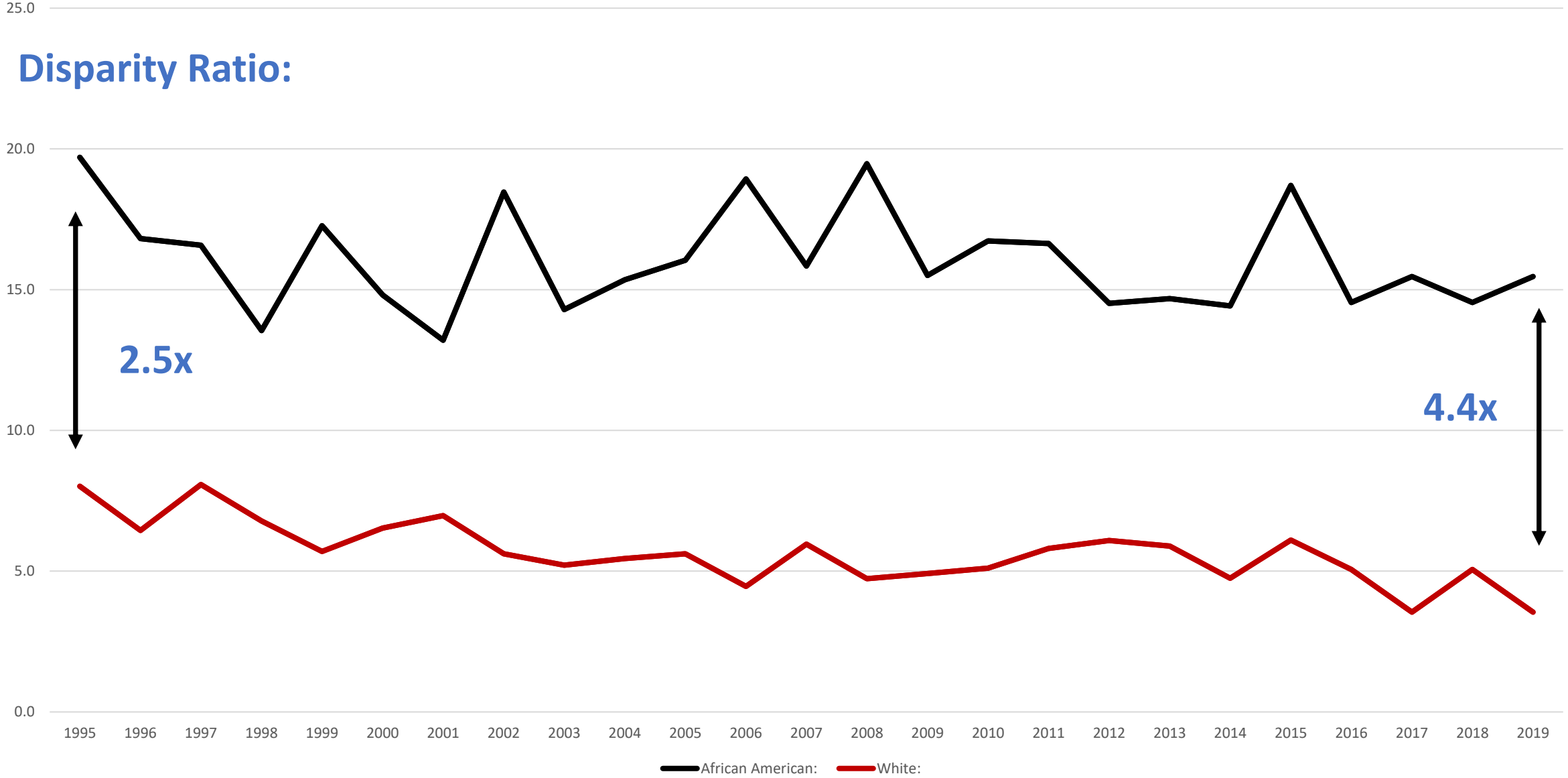
# Cuyahoga County White and African American IMR: 1995-2019

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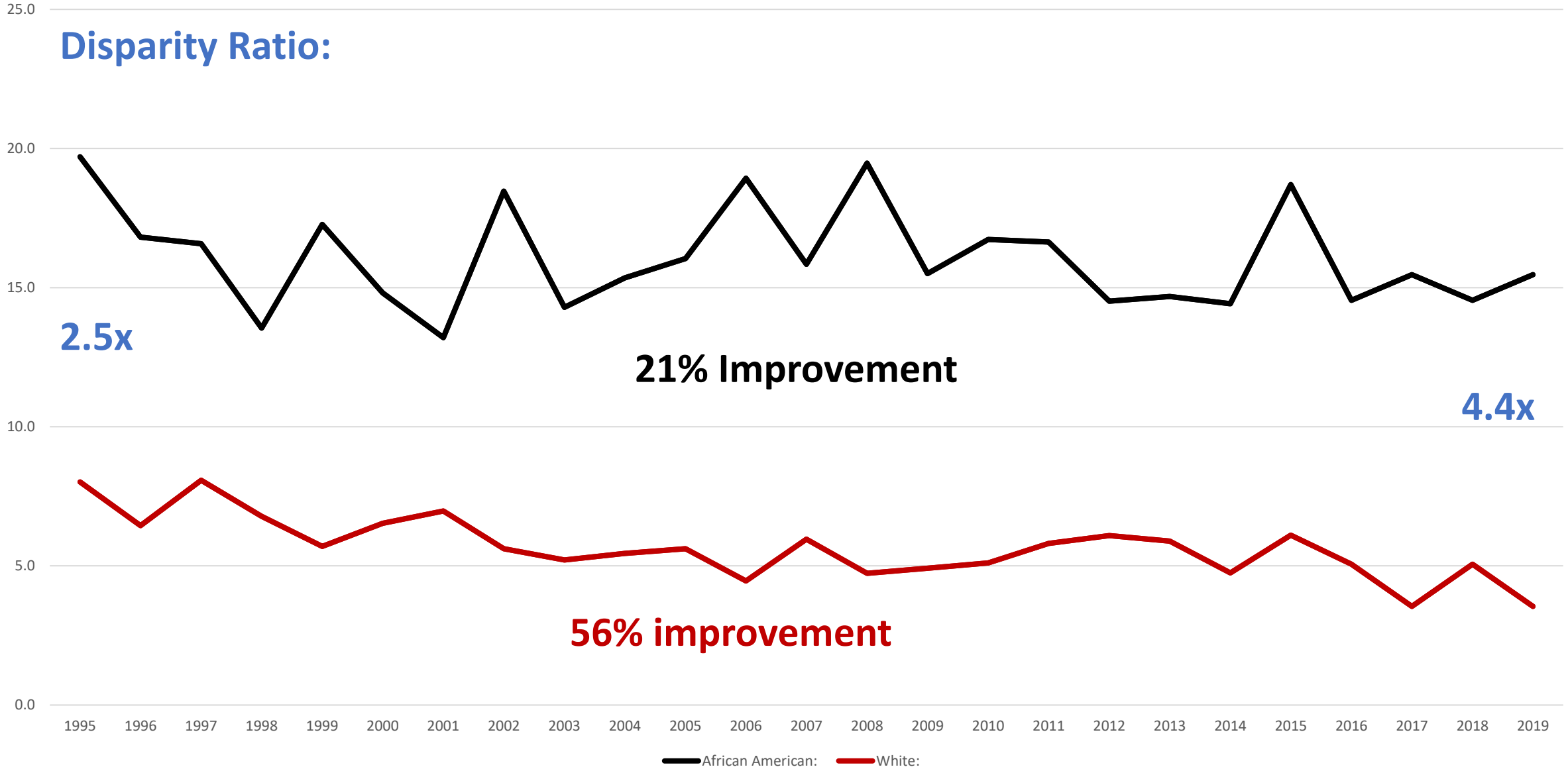
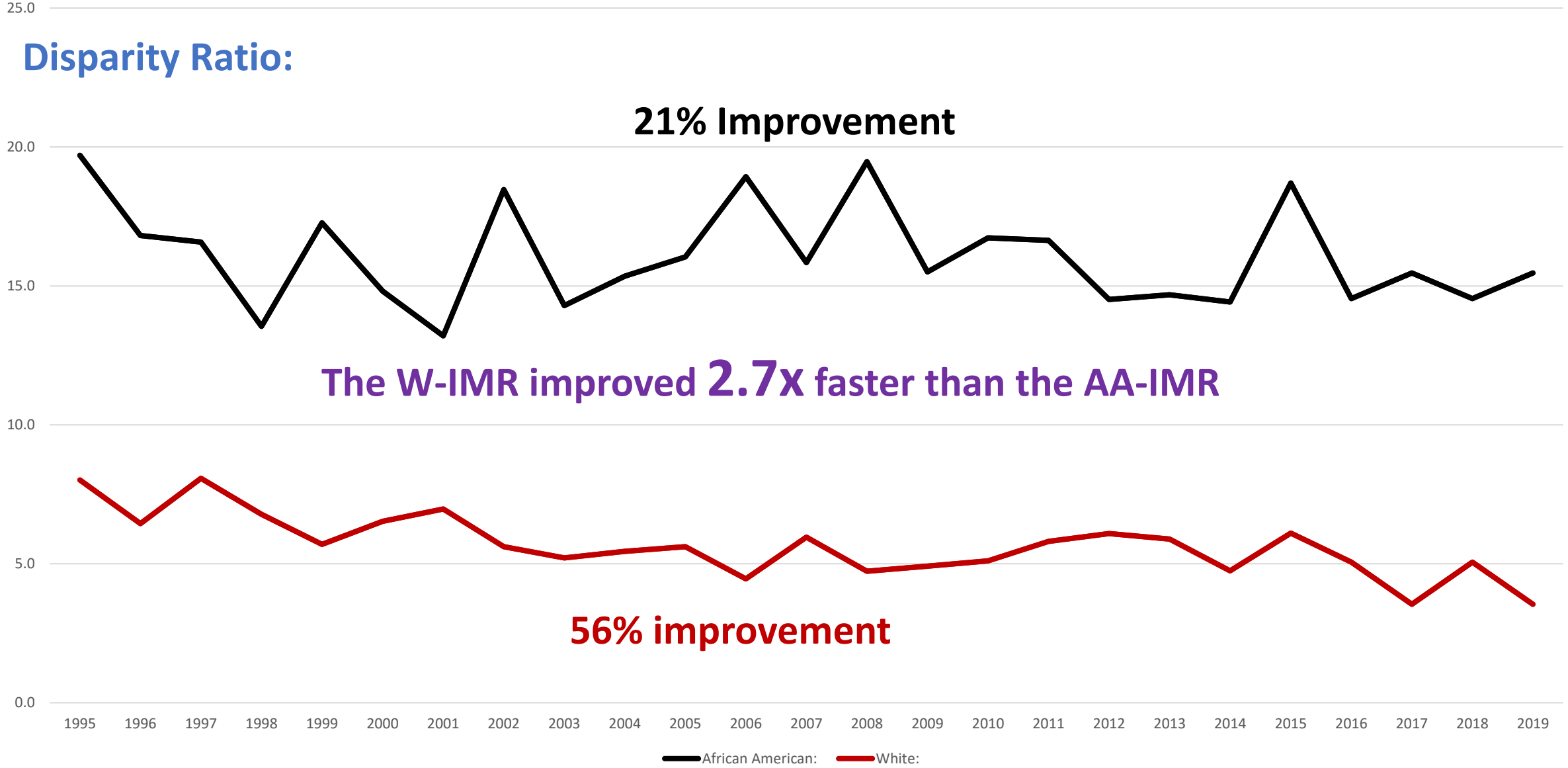
# Cuyahoga County White and African American IMR: 1995-2019




1995-2003 is Vital Statistics data & 2004-present is from Child Fatality Review. Because we do not have racial breakdown by ethnicity (i.e., black non-Hispanic) for historical data, all data by race alone.

# Cuyahoga County White and African American IMR: 1995-2019 *(25-years)*

## Disparity Ratio:




1995-2003 is Vital Statistics data & 2004-present is from Child Fatality Review. Because we do not have racial breakdown by ethnicity (i.e., black non-Hispanic) for historical data, all data by race alone.

# The W-IMR in Cuyahoga County improved 2.7x faster than the AA-IMR

This accelerated pace of improvement for one group relative to another group **IS NOT NATURAL**. It occurs because of a historical mal-distribution of opportunity on the basis of race. Years and years of policies, practices and systems that have provided "advantage" to one group while, simultaneously, subjecting other groups to disadvantage inevitably results in the consequence of disparate outcomes.

To achieve **EQUITY** we have to reverse this trend…we have to accelerate the pace of improvement of the BIMR more rapidly than we improve the WIMR… AND we have to accomplish this accelerated pace without compromising our efforts to improve the WIMR.

art james

African American infants in the **USA** die at a rate 2x that of White babies:

**2x**

African American infants in the **Ohio** die at a rate 3x that of White babies:

**3x**

African American infants in the **Cuyahoga County** die at a rate 4x that of White babies:

# 4x

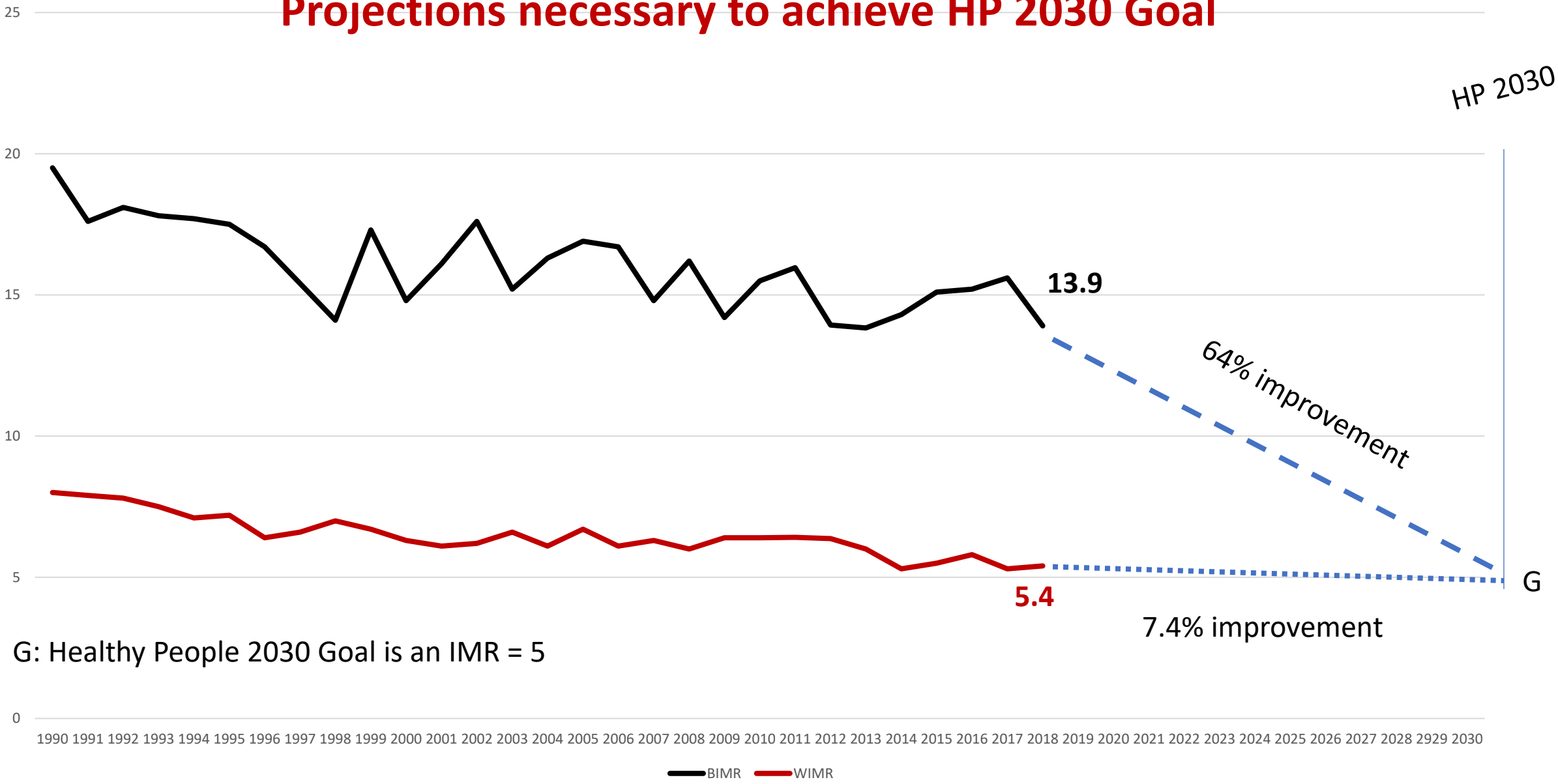
African American infants in the **City of Cleveland** die at a rate 7x that of White babies:

# 7x


Persistent
Disparities
EQUITY

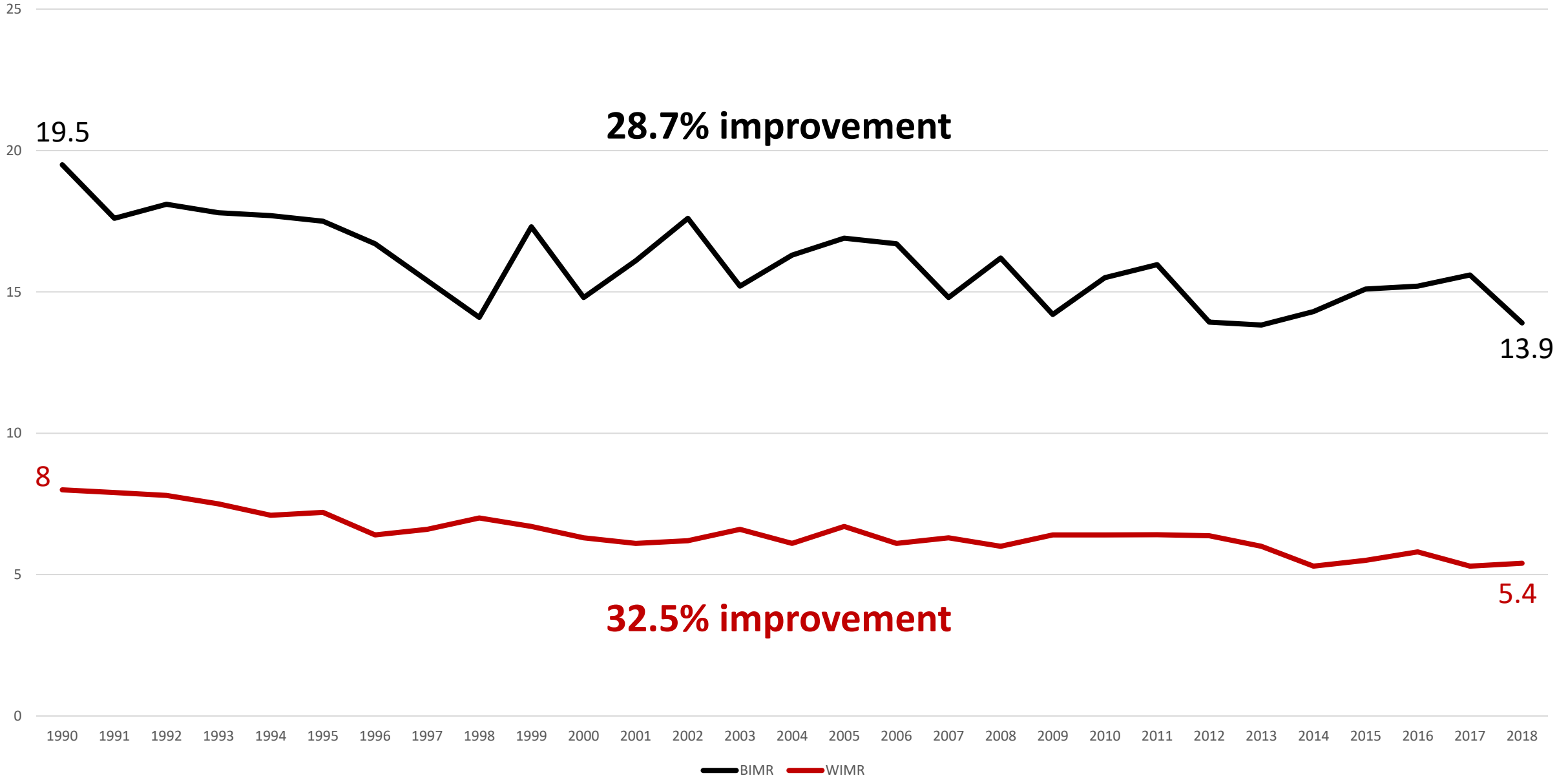
# What will it take to achieve HP 2030 goals in infant mortality rates in Ohio by 2030?

# Ohio White and Black IMRs: 1990-2019
# Projections necessary to achieve HP 2030 Goal




G: Healthy People 2030 Goal is an IMR = 5

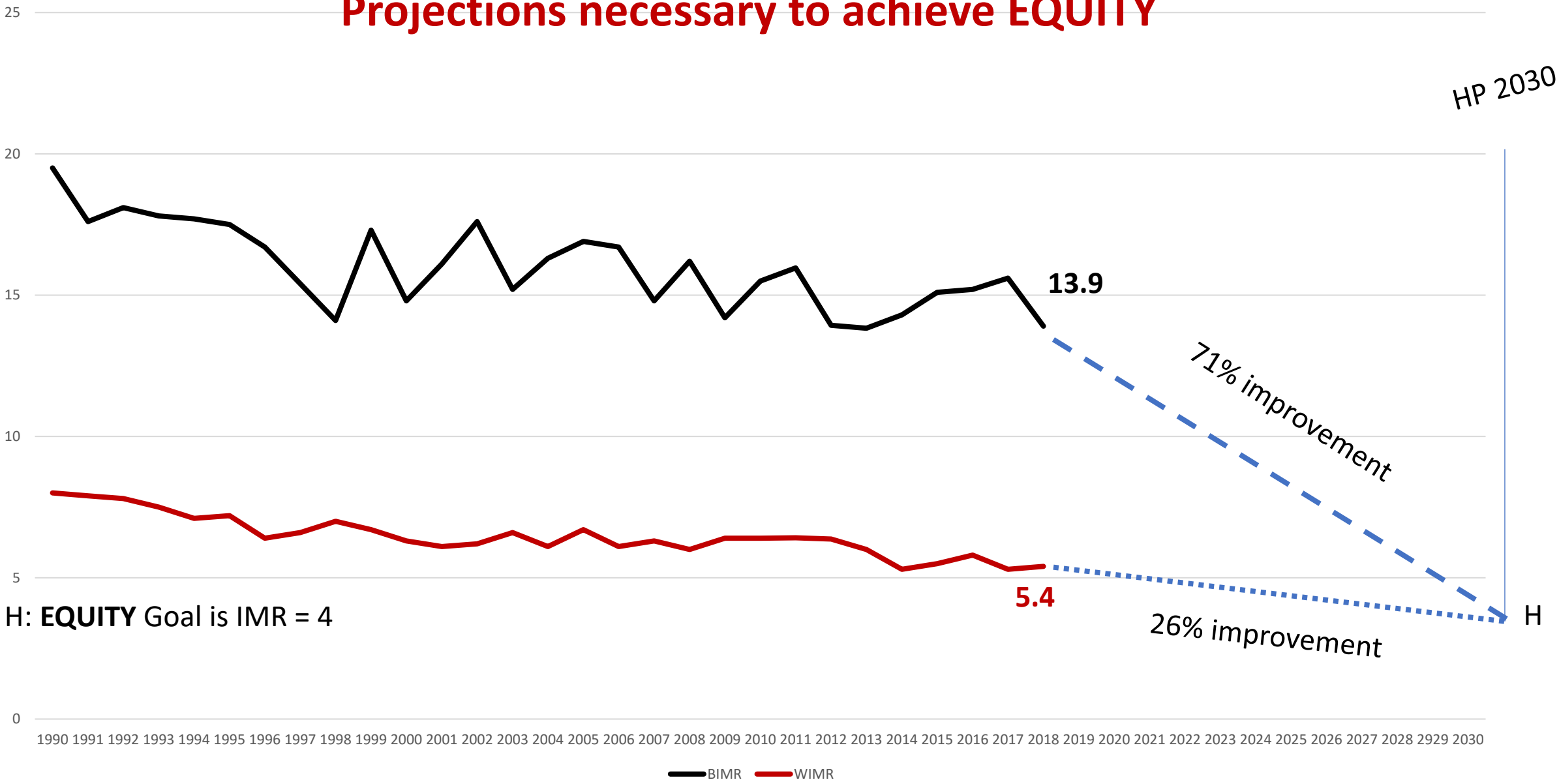
# Ohio White and Black IMRs: 1990-2019




Source: ODH

# What will it take to achieve EQUITY?

# Ohio White and Black IMRs: 1990-2019
# Projections necessary to achieve EQUITY




H: **EQUITY** Goal is IMR = 4

Speculates that by 2030 the Ohio WIMR will be “4”, so what will it take for the BIMR to also be “4”

# What would it take for Ohio and OEI** communities to achieve HP 2030 IMR Goals AND to achieve EQUITY in birth outcomes by the end of 2030?

| | Average Annual Black Births | Black IMR | White IMR | Projected White IMR in 2030 (Multiply by 0.85 for 15% Improvement) | Black IMR Reduction to Achieve Equity (Black IMR – Projected White IMR) | Number of Annual Black Deaths Needed to Prevent (Multiply by Births per 1,000) |
|---|---|---|---|---|---|---|
| Ohio | 23,947 | 13.7 | 5.7 | 4.8 | 8.9 | 213 |
| Cuyahoga | 5,513 | 14.2 | 4.7 | 4.0 | 10.2 | 56 |
| Franklin | 5,740 | 12.9 | 5.9 | 5.0 | 7.9 | 45 |
| Hamilton | 3,527 | 15.4 | 6.0 | 5.1 | 10.3 | 36 |
| Montgomery | 1,853 | 12.8 | 5.3 | 4.5 | 8.3 | 15 |
| Lucas | 1,493 | 13.4 | 5.3 | 4.5 | 8.9 | 13 |
| Summit | 1,322 | 13.1 | 5.3 | 4.5 | 8.6 | 11 |
| Mahoning | 628 | 12.8 | 4.7 | 4.0 | 8.8 | 6 |
| Butler | 510 | 13.4 | 5.6 | 4.7 | 8.7 | 4 |
| Stark | 490 | 11.9 | 7.2 | 6.2 | 5.7 | 3 |
| Lorain * | 381 | 11.3 | 5.0 | 4.2 | 7.1 | 3 |

Notes: Uses 3-year average data (2016-2018) with Bayesian spatial smoothing to improve stability of estimates and assumes a 15% improvement
for White IMR and constant births

* Lorain is not officially part of OEI, **OEI: Ohio Equity Institute

Analysis by Dr. Ashley Hirai, Epidemiologist @ HRSA

# These will be incredibly difficult goals to achieve…

- Whether Ohio strives to achieve HP 2030 IMR Goal of "5" or accepts the goal of achieving EQUITY in the opportunity to survive the 1st year of life…it will take a great deal of work AND a significant paradigm shift in our City, County and State approaches to give all groups the best AND EQUITABLE chance of surviving the first year of life.
- Aiming to ELIMINATE Racial disparities is an essential element to achieving these goals…
  - Will require a targeted universal approach
- We know that if we do not begin PLANNING NOW for what we need to do to achieve EQUITY by 2030…it will not happen
  - Planning that includes:
    - ✓ Local (Neighborhood, City level)
      - Including representation from communities most adversely effected
    - ✓ County leadership
    - ✓ State leadership
    - ✓ Business
    - ✓ Philanthropy

# Why NOW?

**The Nation, State, Counties, and Cities clearly have other more urgent priorities:**

- **COVID-19**
- **Opioid Epidemic**
- **Economic Recovery**

# Why NOW? BECAUSE…

- The well being of our Mothers and Babies should ALWAYS be one of our top priorities
- This racial disparity in the opportunity to survive the 1st year of life is the most urgent MCH challenge and it has been allowed to persist in Ohio for far too long
    - Ohio is shamefully one of the worst States in the Nation for a Black baby to be born…and it has been this way for decades
- As far as I know, Ohio has never established a prospective Healthy People IMR or EQUITY plan…to achieve HP goals for all groups by the goal date
- NOW is the time

# Do we have any assets to help us achieve this goal?

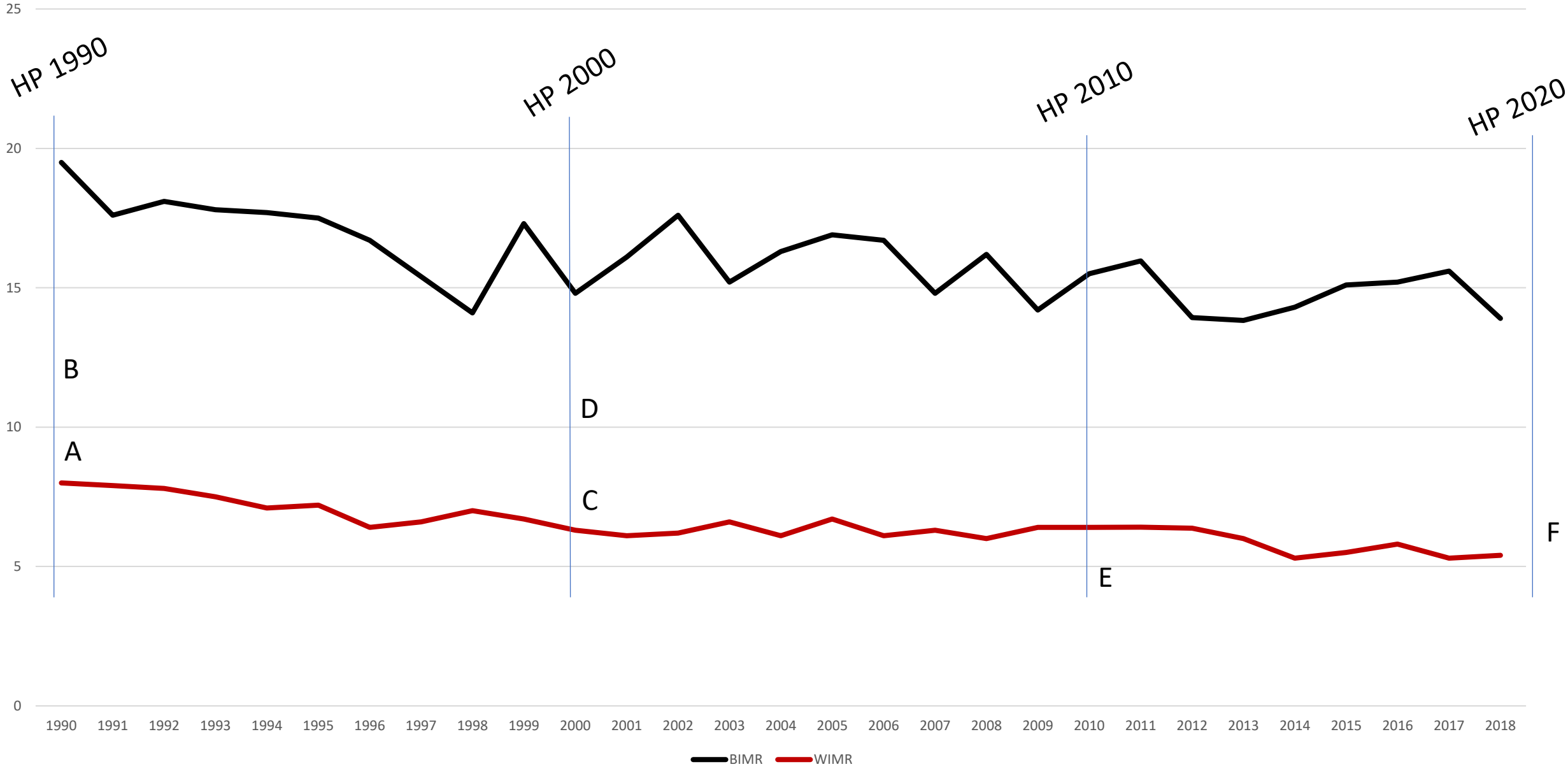
- Senate Bill 332
- Governor DeWine's commitment to children
  - Including significant increase in home visiting
- Ohio Commission on Minority Health
- Ohio Institute for Equity in Birth Outcomes (OEI)
- Ohio Collaborative to Prevent Infant Mortality
  - Your advocacy will be ESSENTIAL if this is to happen
- Ohio Commission on Infant Mortality
- Federal Government's commitment to eliminate racial disparities in birth outcomes, including substantial recent investments in Ohio
- Healthy Start:
  - Ohio has 5 Healthy Start sites
- HPIO's template for addressing SDOH to improve infant mortality
  - https://www.healthpolicyohio.org/wp-content/uploads/2018/01/SDOIM_ExecutiveSummary_posted.pdf
- Nationally: a social movement for Social Justice, to achieve EQUITY

# Ohio Commission on Infant Mortality's next meeting is November 10th at 10:00am
# Join us

Ohio's Commission On Infant Mortality is inviting you to a scheduled Zoom meeting.
Join Zoom Meeting
https://lis-state-oh-us.zoom.us/j/86428123603?pwd=UVFkdVF0a0szWjZaRkloYlBCR2J4Zz09
Meeting ID: 864 2812 3603
Passcode: 245285
One tap mobile
+19292056099,,86428123603#,,,,,,0#,,245285# US (New York)
+13017158592,,86428123603#,,,,,,0#,,245285# US (Germantown)
Dial by your location
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Germantown)
+1 312 626 6799 US (Chicago)
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
Meeting ID: 864 2812 3603
Passcode: 245285
Find your local number: https://lis-state-oh-us.zoom.us/u/kdRL2X31SP


Thank you

# Ohio White and Black IMRs: 1990-2019




Source: ODH

# The 10 States with the highest Black IMRs: 2018

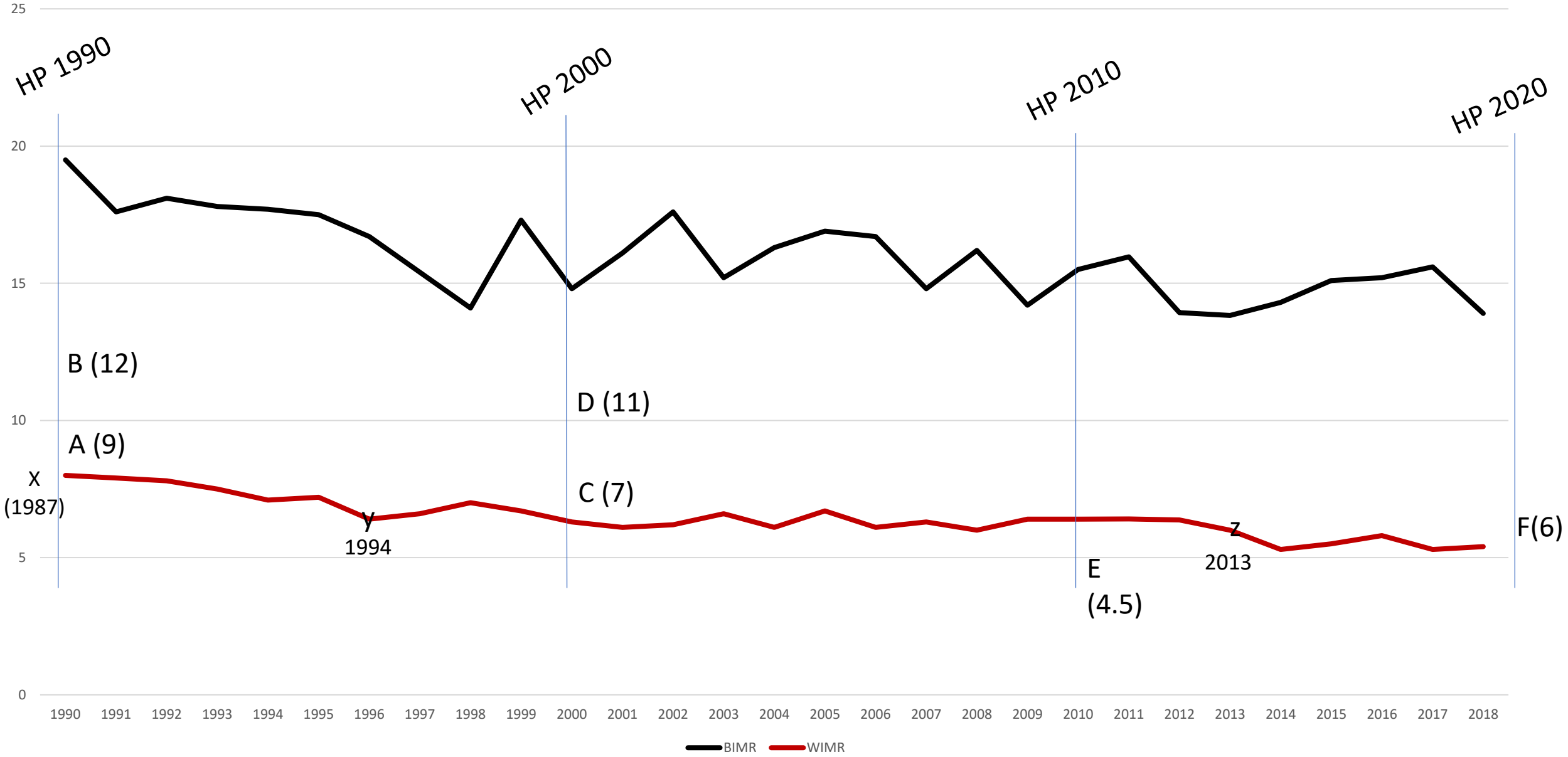
## (with Region V representation)

| State: | BIMR: |
|---|---|
| MI | 13.47 |
| OH | 13.42 |
| IL | 13.32 |
| NE | 13.23 |
| WI | 12.68 |
| OK | 12.57 |
| AR | 12.35 |
| IN | 11.91 |
| SC | 11.75 |
| KS | 11.65 |

**MA BIMR: 8.35, lowest in 2018**

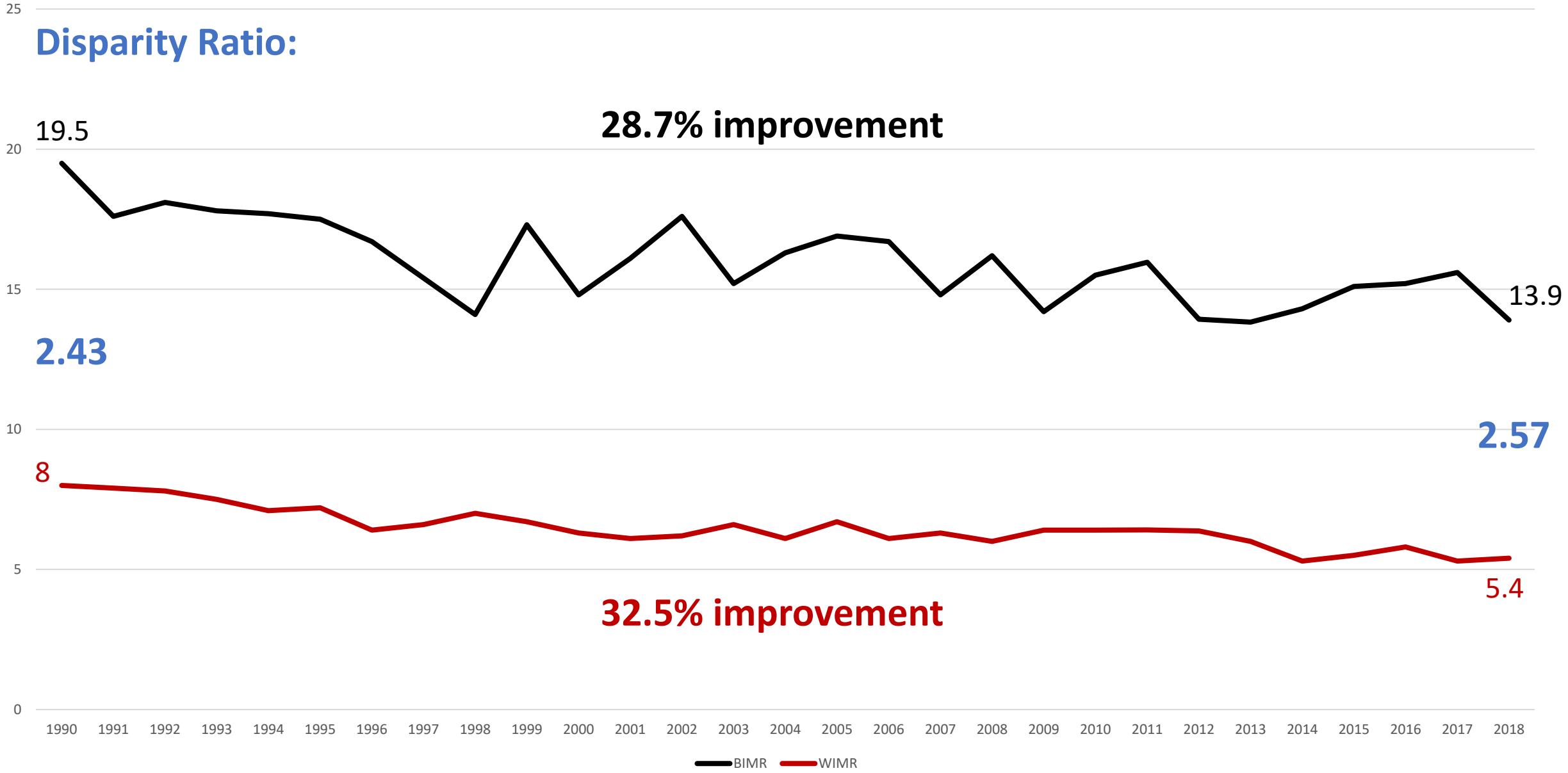
Source: CDC Wonder

# Ohio White and Black IMRs: 1990-2019




Source: ODH/HRSA

# Ohio White and Black IMRs: 1990-2019




Source: ODH

# SOCIAL DETERMINANTS OF HEALTH DATA BRIEF

**FACT: In 2017, over 50% of Franklin County's infant deaths occurred in CelebrateOne priority areas.**

**FACT: Addressing issues impacting the community's overall health can improve these outcomes.**

Generations-long social, economic, and environmental inequities result in poor health outcomes. These inequities affect some communities worse than others; however, enhanced policies, practices, and organizational systems can help improve opportunities for all Franklin County residents.

| | Franklin County | CelebrateOne | Racial Disparity Ratio |
|---|---|---|---|
| **Adults without HS Diploma or GED**<br>*Percent of adults aged 25 years or older without a high school diploma or general educational development (GED) degree* | 9.4% | 17.2% | 2.0 Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▼ DECREASE (21.2% in 2012)* | | | |
| **Food Insecurity**<br>*Percent of households receiving food stamps/Supplemental Nutrition Assistance Program (SNAP)* | 13.9% | 27.0% | 3.6 Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▲ INCREASE (25.8% in 2012)* | | | |
| **Vacancy Rate**<br>*Percent of all available residential units (e.g., apartments, single family homes, etc.) that are vacant/unoccupied at a particular time* | 9.1% | 14.4% | N/A Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▼ DECREASE (18.1% in 2012)* | | | |
| **Eviction Rate**<br>*Number of court filings for an eviction per 100 renter-occupied units* | 7.5 | 11.5 | N/A Franklin County |
| *Change in CelebrateOne Areas Since 2012: NOT AVAILABLE* | | | |
| **Lack of Health Insurance**<br>*Percent of adults aged 19 to 64 without health insurance coverage* | 12.0% | 18.4% | 1.9 Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▼ DECREASE (19.6% in 2012)* | | | |
| **Violent Crime Rate**<br>*Number of reported instances of murder, rape, aggravated assault, and robbery per 1,000 residents* | 4.1 | 8.7 | N/A Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▼ DECREASE (9.7 in 2012)* | | | |
| **Unemployment**<br>*Percent of people aged 16 years and over in the labor force that are unemployed* | 5.7% | 10.4% | 2.8 Franklin County |
| *Change in CelebrateOne Areas Since 2012: ▼ DECREASE (17.0% in 2012)* | | | |

# Children's Health Insurance Program: CHIP

## What is Ohio Healthy Start?

Ohio Healthy Start (federally known as Children's Health Insurance Program, CHIP) provides, free or low-cost health insurance for families with children. This program is designed to provide increased access to health coverage for children in families with income too high to qualify for Medicaid but too low to afford private coverage.

## Who is eligible for Ohio Healthy Start?

To be eligible for this benefit program, you must be a resident of Ohio and meet all of the following:

- Either 18 years of age and under **or** a primary care giver with a child(ren) 18 years of age and under, and
- A U.S. Citizen, National, or a Non-Citizen legally admitted into the U.S, and Uninsured (and ineligible for Medicaid).

https://www.benefits.gov/benefit/1610

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# OCPIM Regional Discussion

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# Questions

**As your region considers advocacy for infant mortality elimination, what issues are most important to organization serving communities?**

**Does your region have the resources to pursue an advocacy agenda?**

**What kind of support would be most valuable to support advocacy efforts in your region (i.e. training, shared resource)?**

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# Northeast Region

**Bernadette Kerrigan**
**Executive Director**
**First Year Cleveland**
**Co-leads**

**Michelle Edison**
**Director of Health Equity Strategies & Initiatives,**
**Mahoning County Public Health Co-leads**

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# Southwest Region

Gina McFarlane-El
Chief Executive Officer
Five Rivers Health Centers

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# Southeast Region

**Luanne Valentine**
**Operations Director**
**Community Action Organization of Scioto County Inc.**

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# Central Region

**Priyam Chokshi**
**Director Of Community And Legislative Strategies**
**Celebrate One**

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# Northwest Region


Selena Coley, MPH
Project Coordinator
Northwest Ohio Pathways HUB

Carly Salamone
Assistant Director
Northwest Ohio Pathways HUB

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# Ohio Department of Medicaid


**Traci E. Bell-Thomas**
**Infant Mortality Project Lead**

**Marisa Weisel**
**Deputy Director for Strategic Initiatives**

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# Ohio Department of Health


**Dyane Gogan Turner**
**Chief for the Bureau of Maternal, Child and Family Health**

**Kristin Snyder**
**Ohio Equity Institute Coordinator**

**Shaleeta Smith**
**Manager-Maternal Child Health, Summit County Public Health**

# Ohio Equity Institute 2.0

## Working to Achieve Equity in Birth Outcomes

- **OEI FY19 Report Released**
  - Year 1: pilot year
- OEI 2.0: New targeted structure started in 2018
  - Builds on first 5 years of OEI efforts
  - Defined framework for upstream and downstream strategies
- OEI is funded in the 9 counties with the greatest inequities in birth outcomes

# Downstream Strategy

**Downstream Strategy:** Local Neighborhood Navigators identify and connect a portion of each county's priority prenatal population to clinical and social services, with a primary focus on serving Black women.

# Upstream Strategy

**Upstream Strategy:** Facilitate the development, adoption, or improvement of policies and/or practices that impact the social determinants of health related to preterm birth and low birth weight in the OEI counties. Upstream efforts further focus on:

- Reducing barriers for priority pregnant women to access clinical and social services by improving the quality, availability, and cultural competence of service delivery.
- Working with local leadership and partners who can directly address identified barriers through the adoption or improvement of policies and/or practices.

# Perspective From Local OEI Team: Summit County

**Shaleeta Smith**

Maternal Child Health Manager &
OEI Project Coordinator

Summit County Public Health

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# Thank you for joining Us

# Stay Safe, Stay Health

# Check the Chat Box for the Link