

Addressing Infant Mortality in Partnership with Community Stakeholders

October 2, 2017 /

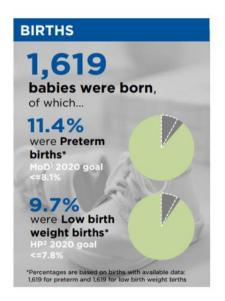
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Monthly Infant Death and Birth Indicators, Franklin County, OH (9/2017)

INFANT MORTALITY: July 2017

Infant mortality - or the death of a baby before his/her first birthday - is a critical indicator of community health. Every year in Franklin County, approximately 150 babies die before their first birthdays. While national infant mortality rates are decreasing, in 2014, Ohio ranked 12th worst in the nation for overall infant mortality. Additionally, Black babies in Ohio are dying at over twice the rate of White babies. In Columbus and Franklin County, much of this disparity is driven by babies being born too soon and too small, as well as babies being placed to sleep on an unsafe sleep surface. This monthly report provides a snapshot of the most up-to-date data on infant death and selected birth indicators. The numbers are not finalized and some rates may vary widely from month-to-month. The report is meant to be used as a discussion tool, not a historical record. For a detailed look at trends for recent years, please refer to our Quarterly Summary of Infant Death and Birth Indicators.



DEATHS

SLEEP-RELATED

Odisplay="block" were sleep

were sleep-related infant deaths



AGE



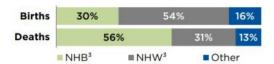
94% died before reaching 28 days of age (Neonatal)



6% died between the ages of 28 days and 1 year (Post-Neonatal)

DISPARITY

This month, **56%** of infant deaths were to Non-Hispanic Blacks (NHBs), even though only **30%** of births were to NHBs.



GENDER

The infant death Male to Female ratio was... b male

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ABOUT THE DATA

- All analysis is completed by the Office of Epidemiology at Columbus Public Health.
 ODH specifically disclaims responsibility for any analyses, interpretations or
- All current and historical figures are preliminary and subject to change as
- new/updated information is received.

 Finalized and preliminary (2016 -2017)
- YTD) death data, except for sleep-related deaths, are provided by the Ohio Department of Health, Office of Vital Statistics. Sleep-related death data are provided by the Franklin County Child Fatality Review.
- Finalized and preliminary (2017 YTD) birth data are obtained from the Ohio Department of Health (ODH) Secure Data Warehouse.

Notations

¹In 2015, the March of Dimes (MoD) set a goal of lowering the national preterm birth rates to 8.1 percent of all births by 2020.

²Based on the Healthy People (HP) 2020 goals. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. More information on HP and HP 2020 health measures can be found at http://www.healthypeople.gov/2020/default.aspx.
³NHB = Non-Hispanic Black; NHW = Non-Hispanic White

. . . .

Low Birth Weight Birth- A baby weighing less than 2,500 grams at the time of birth.

Preterm Birth- A baby born less than 37 completed weeks of gestation.

Sleep-Related Infant deaths (also called Sudden Unexpected Infant Deaths or SUIDs) - include deaths categorized as 1) accidental suffocation, positional asphyxia, or overlay, or 2) Sudden Infant Death Syndrome (SIDS), or 3) undetermined cause.

Questions and Comments:

Please forward questions and comments to Kathy Cowen, MS, Director, Office of Epidemiology Columbus Public Health via phone: (614) 645-6252, or e-mail: kathyc@columbus.gov. COLUMBUS ANDREW J. GHYTHER, MAYOR

COLUMBUS PUBLIC HEALTH

Overview



- 1. Collective Impact Model
- 2. Inclusive Structure
- 3. Neighborhood Implementation of Community Programs
 - A. Example Safe Sleep
 - B. Example Connector Corps
- 4. Transportation Demonstration Project
- 5. Accountability and Reporting



A place based, collective impact initiative to reduce infant mortality in Central Ohio

1. Intentional From the Start



The Launch & Political Will

- Our collective impact initiative started with the Greater Columbus Infant Mortality Task Forcein 2013 by then Columbus City Council President, Andrew J. Ginther.
- Included multisector representatives across community for over 6 months to understand the challenges and examine best practices across the nation.
- In June 2014, the task force released its final report to the residents of Franklin County with 8 recommendations to reduce the infant mortality rate by 40 percent and cut the racial disparity gap in half by 2020.
- CelebrateOne was created in November 2014 to carry out the task force recommendations.





The Challenge: three infants die each week in Columbus.

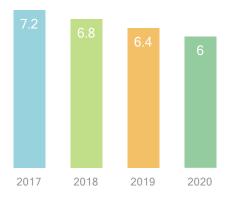
This personal tragedy for families is also a disturbing statistic for Columbus that signals a significant gap in our safety net affecting the overall health, vitality and quality of life in our community.

CelebrateOne Goals





Franklin County AnnualInfant Mortality Reduction Goals





Investing in what works

Addressing Disparities in High Risk Neighborhoods

Improving Women's Health Before Pregnancy

Improving Reproductive Health Planning

Increasing Prenatal Care for High Risk Families

Ensuring the Highest Standards of Perinatal Care

Reducing Maternal and Household Smoking

Promoting Safe Sleep Practices for Infants



2. Inclusive Structure: About CelebrateOne



Structure

 CelebrateOne is guided by an Executive Committee made up of representatives from the Greater Columbus Infant Mortality Task Force and other community leaders

Mayoral Commitment

• The CelebrateOne Office is a division of the City of Columbus Mayor's Office (2017); Mayor serves as an Ex-Officio member.

Community, Public & Private Partners

CelebrateOne Executive Committee

CelebrateOne Resource Development Committee

CelebrateOne Lead Entities

CelebrateOne Data Committee

CelebrateOne City Internal Working Group

CelebrateOne County Internal Working Group

CelebrateOne Neighborhood Intervention Teams

CelebrateOne Ladies In Ministry Coalition

CelebrateOne Connector Corps

CelebrateOne Policy Committee

Learning Collaboratives & Best Practices















What Works Cities

Bloomberg Philanthropies





Shared Goals



CelebrateOne Goals:

- Reduce Infant Mortality rate to 6.0 per 1,000 live births
- Reduce Infant Mortality rate among African American babies by 50%

Reduce Infant Sleep Related Deaths Reduce the number of Premature Births Connect the Disconnected

Public Partners

- Funding
- Visibility
- Accountability
- Collaboration

Private Partners

- Funding
- Accountability
- Research

Community Based Partners

- Program and Intervention implementation
- Reach







Evidenced Based MCH Practice (CityMatCH / Ohio Equity

Institute)

- Assure Analytic and Community Readiness;
- Conduct Analytic Phases of PPOR;
- o Develop Strategic Actions for Targeted Prevention;
- Strengthen Existing and/or Launch New Prevention Initiatives;
- Monitor and Evaluate Approach; and
- Sustain Stakeholder Investment and Political Will

Planning Phase

Engagement & Design Phase (Year 1) Implementation Phase (Years 2-3) Evaluation & Sustian Phase (Year 4+)

RESEARCH

- Case for engagement
- Greater Columbus Infant Mortality Task Force
- Data

ENGAGE

- Raise awareness
- Build community coalitions
- Understand neighborhood
 experience

DESIGN

- Place-based responses to social determinants of health*
- Community & evidence informed interventions
- Determine neighborhood metrics

IMPLEMENT

- Identify and align resources
- Mobilize residents, CBO's and partners
- Establish accountability

EVALUATE AND SUSTAIN

- Celebrate or redirect resources
- Publish results

PHASE I NEIGHBORHOODS (Linden, Near East, Near South)

PHASE II NEIGHBORHOODS (Hilltop, Franklinton)

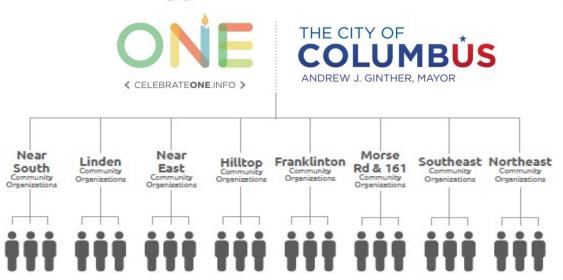
PHASE III NEIGHBORHOODS (Morse Rd./161, Northeast, Southeast)

Example: Connector Corps



CelebrateOne's CONNECTOR CORPS

Resident to Resident Engagement



PROCESS

CelebrateOne partners with community-based organizations

Community orgs recruit/ hire Connectors

CHW training at OSU (14 weeks total)

Year-long part-time paid Connector internship (approx. 900 hours)

Ongoing monthly trainings for Connectors

SOALS

Increase # of women of childbearing age connected to health and social supports Establish a corps of residents able to conduct outreach, build trust, and reduce barriers to care in high risk communities

Enhance relationships between community organizations and target neighborhood residents to improve connectedness and collective impact Increase # of area
residents who
have workforce
development training
and experience

Supported by: UNITED HEALTH FOUNDATION*

Example: Safe Sleep Campaign







- Recognition of participation
- Utilize communications structure to promote partner work and success
- Use partners as spokespersons

Safe Sleep Data Brief



CelebrateOne's SAFE SLEEP DATA BRIEF

August 2017



^{* 2017} through end of August





Key Learnings



- Impact of social determinant of health work is difficult to detect in short time frame
 - Using micro-target population to see bright spots and learn from mistakes
 - Scale of proven interventions will be needed

- Limitations to the amount of work we LEAD, embracing the work we can INFLUENCE
 - City working group, County working group, partner agencies
 - United Way neighborhood approach
 - Housing pilot programs





Smart Columbus - Overview

- Columbus competed against 77 cities nationwide to win the Smart City Challenge in 2016.
- Address major community challenge – Infant Mortality
 - Non-emergency medicaltransportation
- Multiple national and local partners
 - Sidewalk Labs
 - Franklin County





Smart Columbus Non- Emergency Medical Transportation Experiences

Healthcare Providers

Our appointment no-show rates: ~30-50%; half of which may be transport related

Patients' addresses often change, so it's hard to ensure booking is up to date

We are stretched too thin to provide much transportation assistance to patients

Patients

Taking transit isn't really an option, it takes 2 hours to get to an appointment

I waited 3 hours for my ride home, while my child was at home alone.

If I bring my other kids with me, I need car seats

Sometimes the driver will just honk once and then leave

I wanted to stop by Krogers to pick up my meds on the way home, but driver wouldn't do it. I had to go home, call for another ride for 2 days later.

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Smart Columbus

Non- Emergency Medical Transportation - Goals

- An intuitive experience
- o A reliable ride
- An effective system





Smart Columbus

Non- Emergency Medical Transportation – Next Steps

- Metrics for Success
- Timeline
- Design Details
 - Common Payment System
 - Integration with doctors' offices
 - Car Seat Availability
 - Address confirmation
- Scalability











Thank You!

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