Canton City Public Health
Stark County THRIVE

Fiscal Year 2019 Annual Report

OEI 2.0 Grant #7620011OE0119

Public Health
Prevent. Promote. Protect.
Canton City Public Health
Stark County THRIVE

Stark County
THRIVE

Ohio
Department of Health

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Report released October 2019

For questions regarding this report contact: Jessica Boley JBoley@cantonhealth.org

Executive Summary

Since 2013, Canton City Public Health (CCPH) has been the lead agency for the Ohio Equity Institute's (OEI) local initiative known as Stark County THRIVE (Toward Health Resiliency for Infant Vitality & Equity). Stark County THRIVE has the primary responsibility for moving the community toward reaching long-term measures in infant vitality. The use of accurate data, solid scientific analysis, and evidence-based interventions to implement programs will move the needle to reduce Stark County's unacceptable disparity and infant mortality rates. Implementing a countywide approach, THRIVE has been working closely with our partners to identify local causes of infant mortality and executing evidence-based interventions to lower the infant mortality rates in our community. We formed a broad-based local coalition and have made great strides since starting this effort. To date, CCPH manages over 15 sub-recipient contracts with local agencies, along with faith-based and grassroots organizations. CCPH is a grantee of the Ohio Department of Health, United Way of Greater Stark County and local foundations.

We have gained a much deeper understanding of the nature of our infant mortality problem through the use of data and evaluation and we will continue to work to reach the ultimate goal of "All babies in Stark County will celebrate their first birthday. "

Long Term Measure: Decrease the Overall, Black, and White infant mortality rates (IMR) to less than 6.0.

Baseline: In 2016 Stark County's Overall IMR was 9.3.

Update: 2018 data shows that Stark County's Overall IMR has decreased to 6.4.

Baseline: In 2016, Stark County's Non-Hispanic/Latinx Black IMR was 21.5.

Update: 2018 data shows that Stark County's Non-Hispanic/Latinx Black IMR has decreased to 5.9.

Baseline: In 2016, Stark County's Non-Hispanic/Latinx White IMR was 8.0.

Update: 2018 data shows that Stark County's Non-Hispanic/Latinx White IMR has decreased to 6.9.

Long Term Measure: Decrease the disparity rate ratio (difference between Black and White IMR) to 1.0.

Baseline: In 2016, Stark County's disparity was 2.7. This means that for each White baby who died before its first birthday approximately three Black babies died before their first birthday.

Update: 2018 data shows that Stark County's disparity was 0.9. This means that Black and White babies experienced near equity in the rates of vitality after birth.

The following report highlights current work, successes, challenges, and future development.

Rates are calculated by number of deaths per 1,000 live births in that population.

Introduction

In 2013, Stark County became part of state-wide initiative to advance equity in birth outcomes. The initiative called on Stark County Toward Health Resiliency for Infant Vitality and Equity (THRIVE), the countywide infant mortality coalition, to select, implement, and evaluate a data-informed birth outcome equity project. THRIVE is a public/private partnership comprised of agencies, organizations, and community members dedicated to implementing targeted interventions for the purpose of reducing the rate of infant mortality and health disparities in Stark County.

The Ohio Equity Institute (OEI) is a collaboration between the Ohio Department of Health and local partners. Created in 2012 to address racial disparities in birth outcomes, population data is used to target areas for outreach and services in the nine counties with the largest disparities in birth outcomes, including Stark. Stark County THRIVE within Canton City Public Health (CCPH) manages the OEI grant and works with the community and partnering agencies to continue to reduce disparities in birth outcomes for Stark County residents. By collaborating with various community partners, we are able to help inform policies and practices upstream that may have an impact on clients and babies downstream. Working alongside the Social Determinates of Health Teams and the Community Advisory group, we anticipate being able to continue both upstream and downstream efforts throughout the upcoming grant cycle.

Items of interest to note about Stark County THRIVE and work that encompasses OEI is that we could not be where we are without the level of community collaboration and commitment. This includes the additional external funders that work together to promote THRIVE and allows for a comprehensive evaluation of the THRIVE program as a whole by Kent State University. We would be also amiss if we didn't recognize that for the first time in over 10 years, our Non-Hispanic/Latinx Black and Non-Hispanic/Latinx White mothers experiences near equitable outcomes in infant mortality and that our Non-Hispanic/Latinx Black families were able to celebrate their infant mortality rate being below the Healthy People 2020 goal in 2018. The work isn't over and while we celebrate this victory, we also know that we need to continue this work for the future of Stark County.

All calculations in the graphs and charts contained herein are based upon analysis of the Stark County population as a whole and Non-Hispanic/Latinx Black (NHB) and Non-Hispanic/Latinx White (NHW) unless otherwise noted. Data is subject to change.

Looking Back to 2013

The "Big Picture" – Stark County – Our Infant mortality and health disparity "Hot spots"!

- Stark County was Ohio's 7th largest county by population (375,222) in 2013.
- Canton is the largest city in the county with a population of 72,535 in 2013.

2013 Median Household Income	% below Poverty Level in 2013	% without High School Diploma in 2013
Canton – $30,209	Canton – 31.7%	Canton – 17%
Stark County – $45,641	Stark County – 15.0%	Stark County – 11%
Ohio – $48,308	Ohio – 15.8%	Ohio – 11.5%

- In 2013,the Infant Mortality Rate (IMR) for Stark County was 6.63, lower than Ohio's IMR of 7.3, and greater the national rate of 5.96.
- Disparity rate between deaths of Black compared to White infants was 1.88. Stark County Black infants died at almost twice the rate of White infants in 2013 (IMR White = 5.87; IMR Black = 11.03).
- Healthy People 2020 Infant Mortality (IM) goal is a rate of 6.0. The Ohio Department of Health had set a more aggressive IM goal of 4.5.

Stark IMR	NHW IMR	NHB IMR	ODH IMR Goal	Stark 5 year average of births	5 year median number of infant deaths
6.63	5.87	11.03	4.5	4139	33

		2008	2009	2010	2011	2012	2013	5 Year Average
OHIO	Overall	7.70	7.67	7.68	7.87	7.57	↓ 7.33	7.70
	White (NHW)	6.00	6.40	6.42	6.41	6.37	↓ 6.00	6.32
	Black (NHB)	16.23	14.23	15.47	15.96	13.93	↓ 13.83	15.16
STARK	Overall	8.60	7.48	9.08	8.13	9.78	↓ 6.63	8.61
	White (NHW)	7.29	4.82	6.55	7.10	8.53	↓ 5.87	6.86
	Black (NHB)	18.87	28.23	28.02	16.32	19.69	↓ 11.03	22.23
DISPARITY	**Ohio**	**2.71**	**2.22**	**2.41**	**2.49**	**2.19**	**2.31** ↑	**2.40**
Disparity Ratio (NHB/NHW)	**Stark**	**2.59**	**5.86**	**4.28**	**2.30**	**2.31**	↓ **1.88**	**3.47**

Looking Back to 2013

Low Birth Weight Percentage

In 2013, 8.8% of Stark County births were categorized as being at a low birth weight; defined as < 2,500 grams.

(Range: 7.8% - 8.8%)

Healthy People 2020 Goal: </= 7.8%

Upon review of the past 4 years of data (2010-2013)Stark County has only met the Healthy People goal once; in 2011!

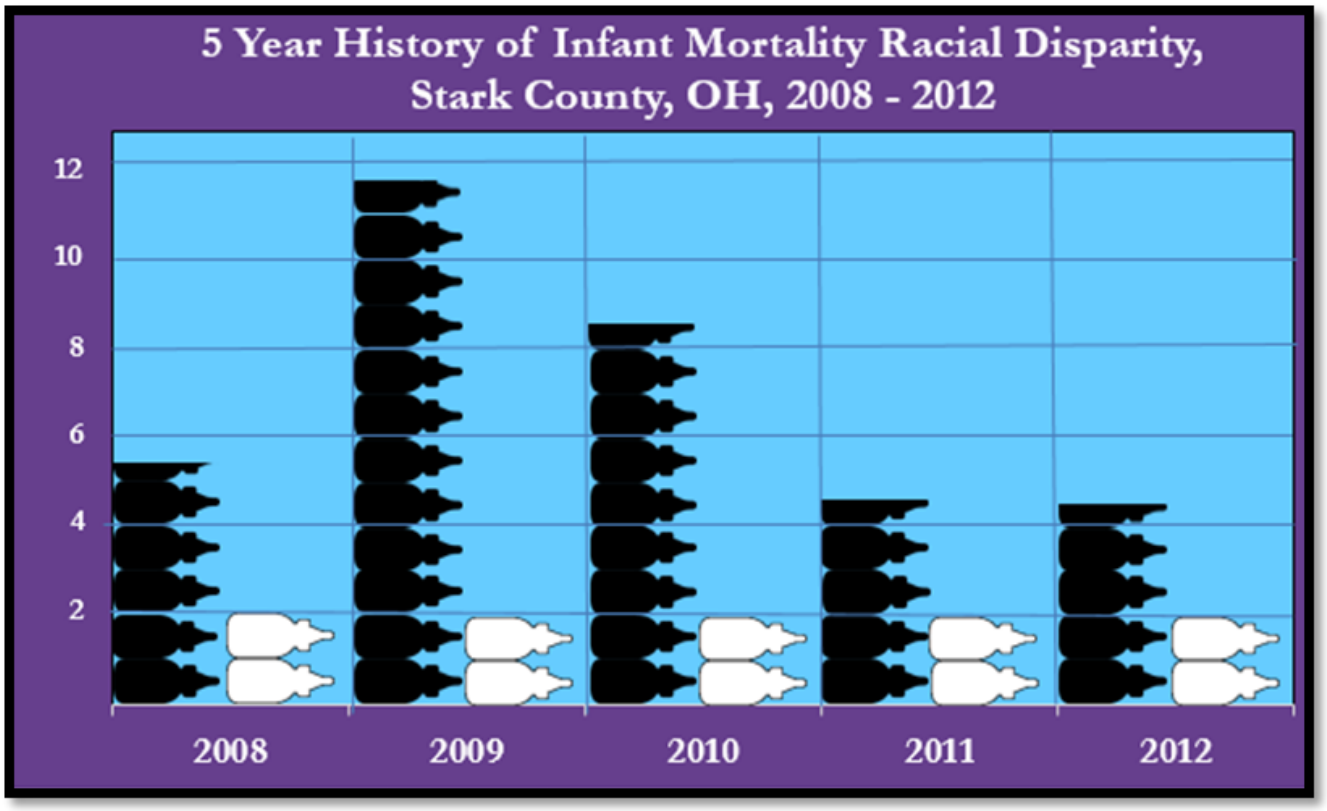
Preterm Birth Percentage

In 2013, 9.8% of Stark County births were categorized as preterm; defined as <37 weeks gestation.

(Range: 9.2% - 10.4%)

Healthy People 2020 Goal: 11.4% per

Upon review of the past 4 years of data (2010-2013)Stark County has met or exceeded the goal consistently!



Source: Ohio Department of Health Data Warehouse

Looking Back to 2013

Stark County has three major cities – where a higher percentage of racial and ethnic populations reside that are disproportionately affected by poor health outcomes. They are Canton (2013 pop. 72,535), Massillon (2013 pop. 32,183) and Alliance (2013 pop. 22,213). Of these, Canton has two of the greatest areas of need.

The "hot spot" neighborhoods –

Northeast Canton is densely populated with 18,000 residents, over one-fourth of the city's population. In 2013, these neighborhoods were characterized as having,

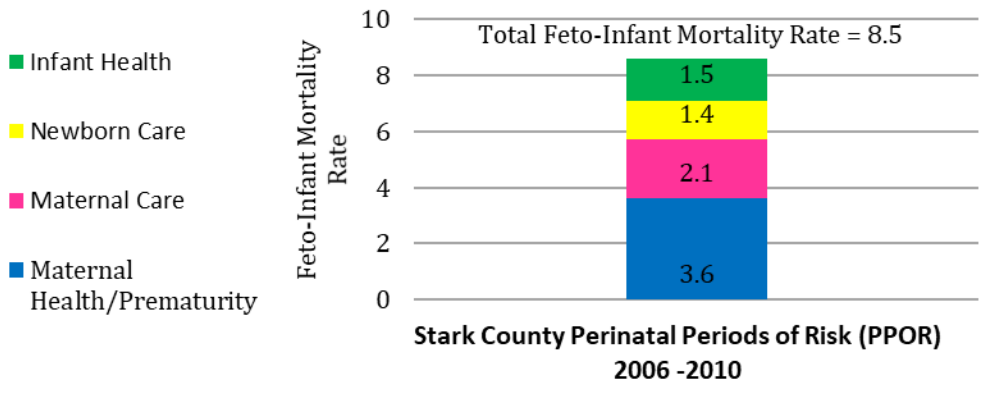
- An average high school graduation rate of 30%,
- Over 85% of children living in poverty,
- A population largely of the working poor with low paying jobs and limited or no health insurance,
- A designation as a food desert,
- Little to no health care providers within its boundaries, and
- Disproportionately elevated levels of crime and poverty.

The Northeast is considered a "tipping community" with residents that do not have the same opportunities for health and healthy choices as others within the city/county.

Southeast Canton is the front door to many of Canton's most important historic minority neighborhoods and institutions. In southeast Canton most of the residential real estate is renter occupied. Results from Neighborhood Scout's exclusive analysis revealed that in 2013, this neighborhood had,

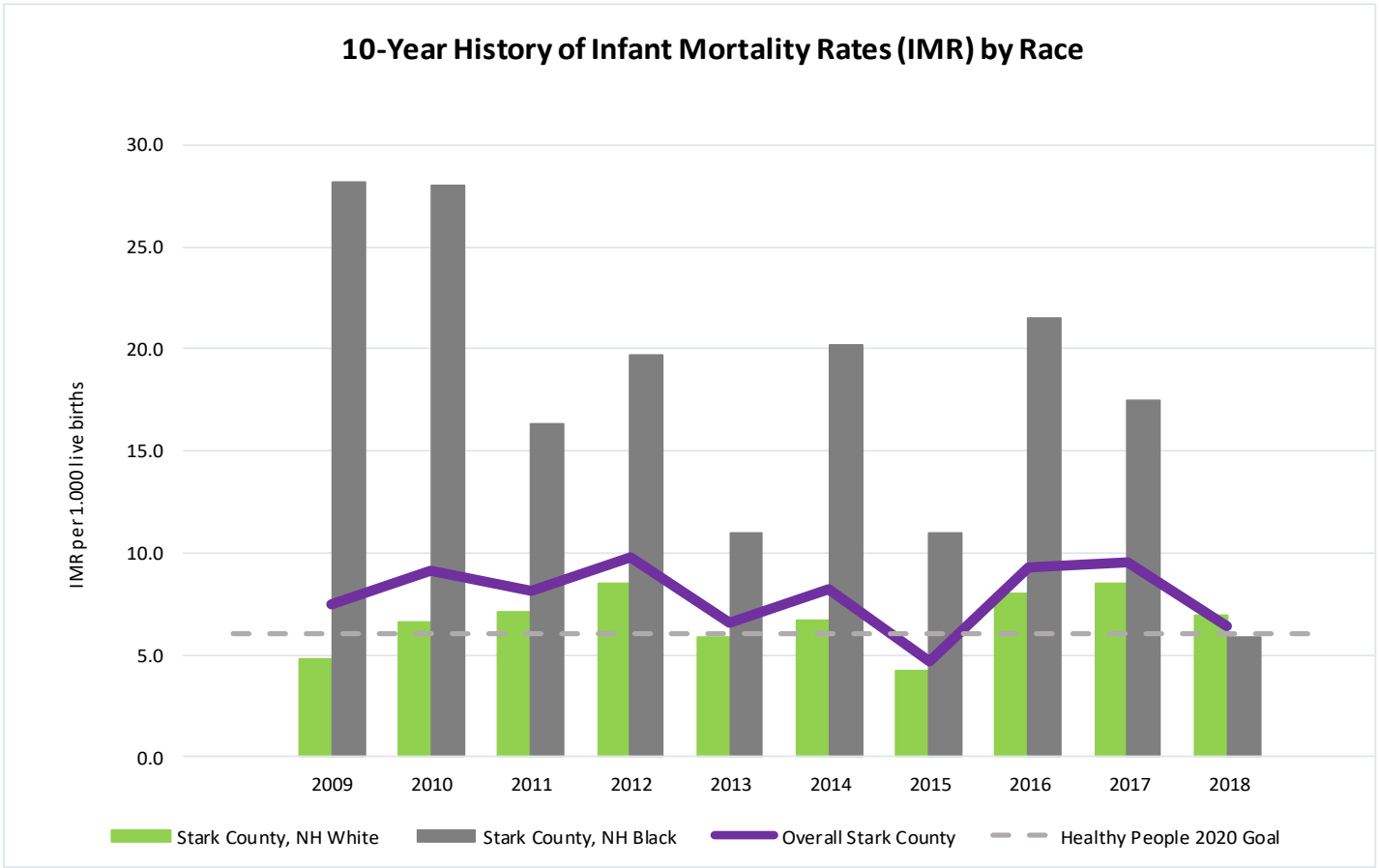
- More single mother households than 99.9% of the neighborhoods in the U.S.,
- Per capita income of residents is lower than that found in 97.6% of the neighborhoods in America, and
- 86.7% of children live in poverty; a very high percentage compared to other neighborhoods in the nation.

Between 2008 and 2012, Stark County experienced 180 infant deaths. Evaluating the birth-weight and gestational age of these feto-infant deaths through the Perinatal Periods of Risk (PPOR) approach, Stark County THRIVE identified the periods with the highest risk, Maternal Health/Prematurity and Maternal Care. Two interventions were selected that would provide for the greatest possible impact in reducing infant mortality and disparity: Safe Sleep and CenteringPregnancy® Group Prenatal Care with Care Coordination.



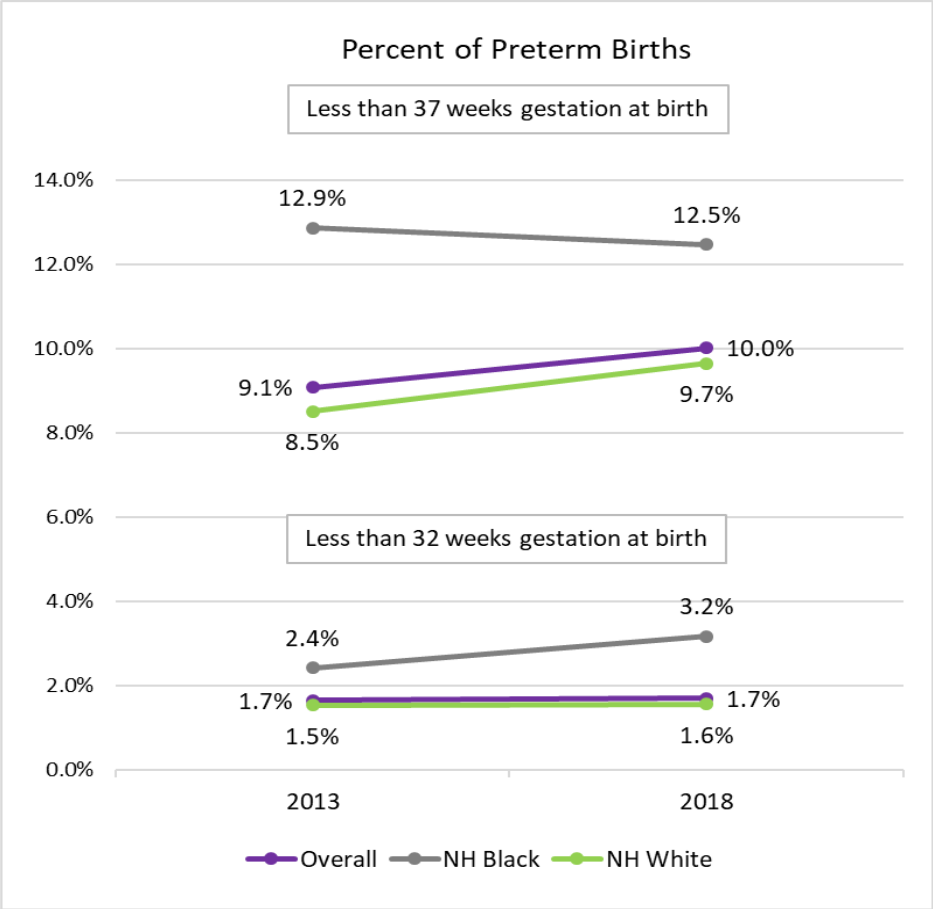
Infant Mortality in Stark County

In the past 10 years, Stark County has seen a definitive decrease in infant mortality for the NH Black population while the NH White has remained stagnant. This decrease has allowed the disparity rate ratio between these two groups to improve from 5.9 in 2009 to 0.9 in 2018. For the first time in 10 years, the NH Black infant mortality rate was under the Healthy People 2020 goal of 6.0. Caution is advised though due to the low number of births and deaths in this population, rates are unstable.



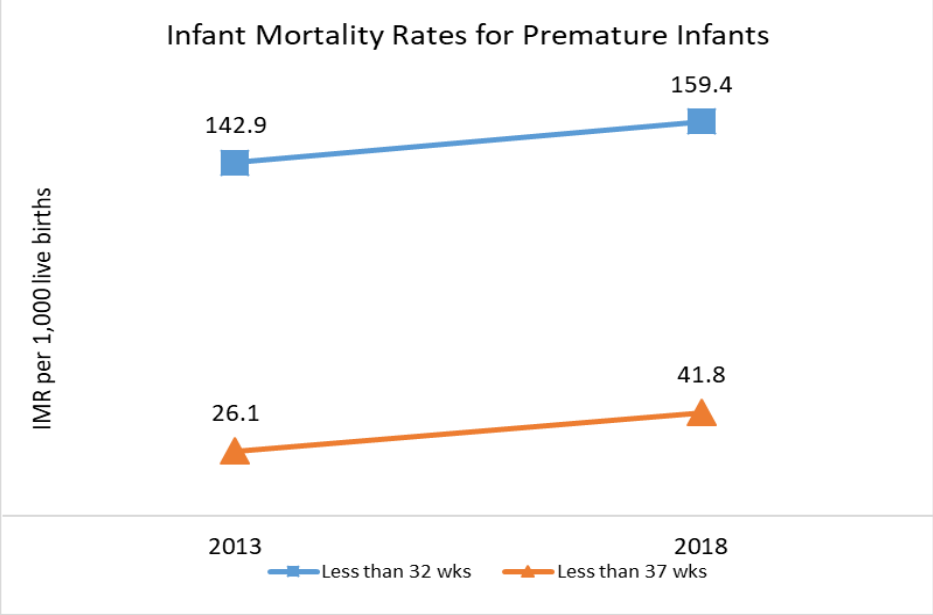
Very Preterm & Preterm Births in Stark County

Stark County is working toward reaching both the Healthy People 2020 and the State Health Improvement Goals of reducing the percentage of very preterm (less than 32 weeks gestation) and preterm births (less than 37 weeks gestation). Due to low numbers, the infant mortality rates for premature infants are not calculated by race.



The Healthy People 2020 Goal is to reduce preterm births to 9.4% of births.
The State Health Improvement 2019 Goal is 10.1% of births.
In 2018, Stark County was below the 2019 State Goal.

The Healthy People 2020 Goal is to reduce very preterm births to 1.5% of births.
The State Health Improvement 2019 Goal is 1.6% of births.
In 2018, Stark County was above the 2019 State Goal.



Infants who are born prematurely have a higher risk of infant death which decreases with each week gestation.
Stark County has seen an increase in both of these rates since 2013.

Rates are calculated by number of deaths per 1,000 live births in that population.

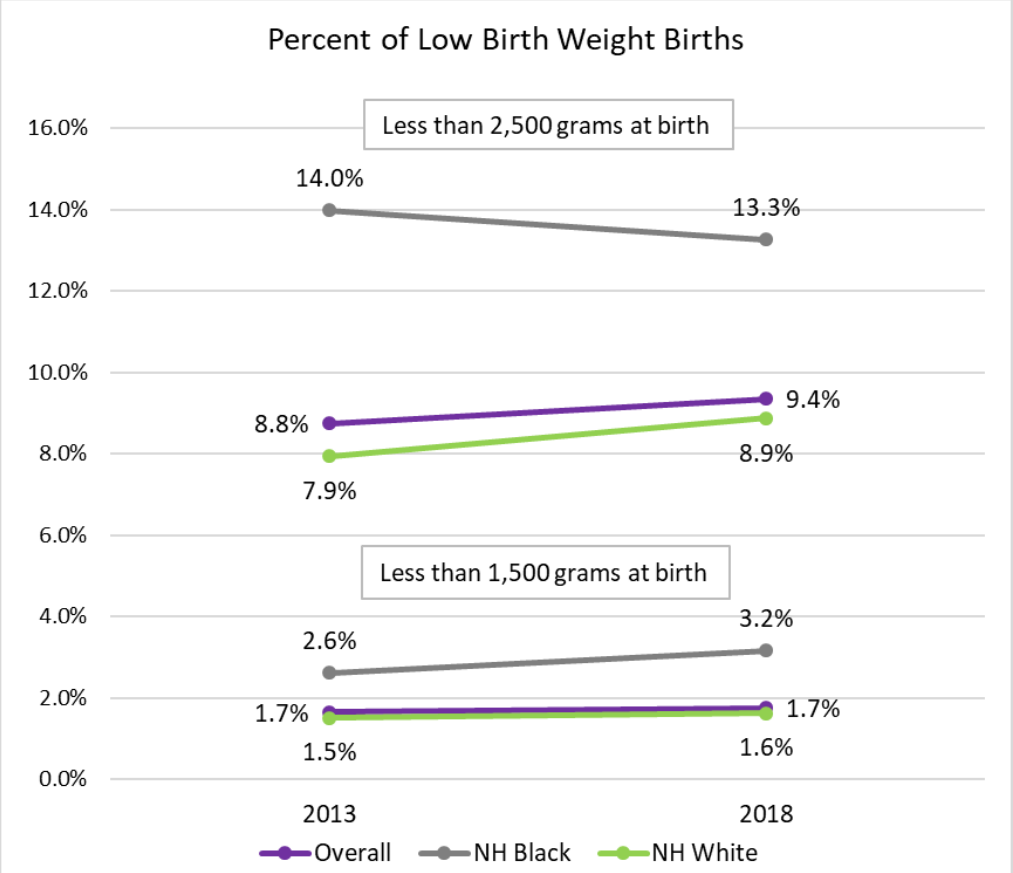
Very Low Birth Weight & Low Birth Weight Births in Stark County

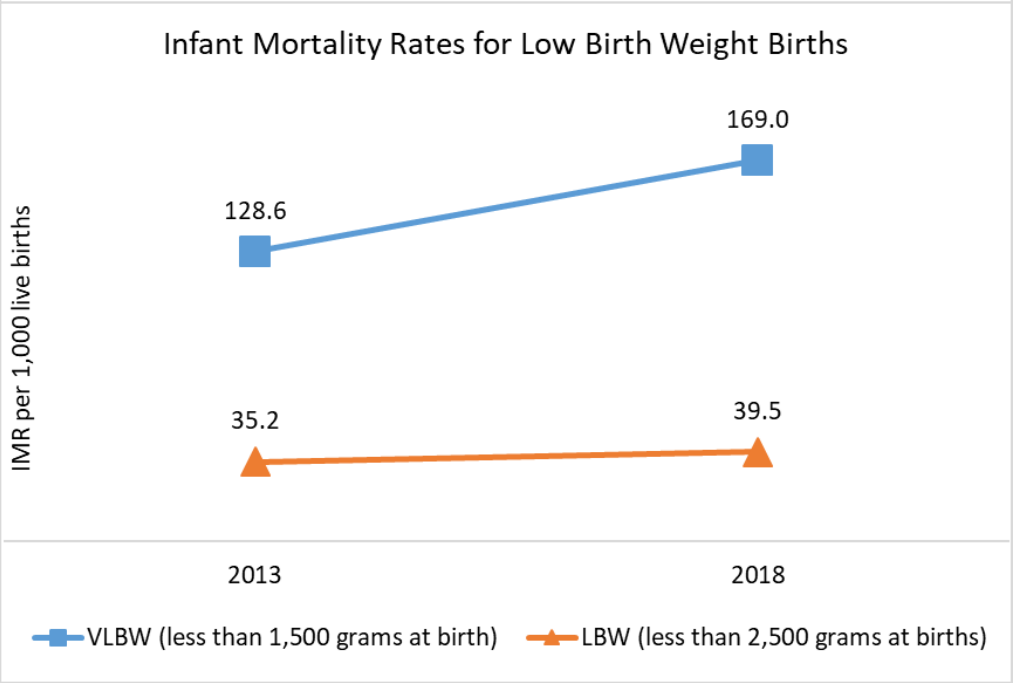
Stark County is working toward reaching the Healthy People 2020 and the State Health Improvement Goals of reducing the percentage of very low birth weight (less than 1,500 grams) and low birth weight births (less than 2,500 grams). Due to low numbers, the infant mortality rates for low birth weight infants are not calculated by race.

The Healthy People 2020 Goal is to reduce low birth weight births to 7.8% of births. The State Health Improvement 2019 goal is 8.3% of births.
In 2018, Stark County was above the 2019 State Health Improvement Goal.

The Healthy People 2020 Goal is to reduce very low birth weight births to 1.4% of births. There is no State Health Improvement Goal for this indicator.
In 2018, Stark County was above the Healthy People 2020 Goal.

Infants who are born below 2,500 grams have a higher risk of infant death which decreases as weight gain increases. Stark County has seen an increase in both of these rates since 2013.





Ohio Equity Institute (OEI) 2.0

Since 2013, Canton City Public Health has lead and managed the OEI project. We have formed a broad-based local coalition and have made great strides in the six years since starting this effort. We have gained a much deeper understanding of the nature of our infant mortality problem through the use of data and process and outcome evaluation. We have gained financial support for our efforts from local hospitals, foundations, and other local funders. We have begun implementation of upstream and downstream interventions designed to both lower our overall infant mortality rate and more importantly, reduce the racial disparity in our birth outcomes. We are utilizing a multi-faceted and collaborative approach to care coordination, community engagement, and education that has built on successes already realized, leverage investment in our county, and develop relationships with new community partners.

Building on the early work of the previous OEI grant and in alignment with the 2017-2019 State Health Improvement Plan, Stark County THRIVE continued implementation of evidence based strategies including CenteringPregnancy® to improve maternal and infant health. The urban centers of Alliance, Canton, and Massillon continue to be our areas of focus for outreach and engagement. During OEI 2.0 we:

- Completed data collection and analysis by a full-time epidemiologist to inform the implementation and evaluation of selected upstream and downstream interventions
- Coordinated the collaborative work led by a full-time project coordinator focused on addressing the Social Determinants of Health impacting birth outcomes disproportionately affecting women residing in hot spot zip codes, especially African American women and men.
- Utilized a Neighborhood Navigator to identify, screen, and connect at-risk African American women residing in the hot spot zip codes to comprehensive clinical and social services to reduce and prevent preterm and low weight births and increase early entry into prenatal care.

Ohio Equity Institute (OEI) Team Member Reports

Project Coordinator

Dawn Miller

Dawn Miller joined the Stark County THRIVE team full time in July 2016. During the FY 2019 grant cycle, 90% of CFR/FIMR meetings were attended along with 12Technical Assistance calls with Miami University on Monitoring and Evaluation, Community Engagement calls with Measurement Resources Company, and Learning Collaborative calls with Ohio Department of Health. Eight meetings were held with the Neighborhood Navigator to discuss progress of work and outreach planning.

Lessons learned throughout OEI 2.0 grant cycle were tools and techniques for successful monitoring and evaluation.

Plans for the future grant cycle include to more fully implement the monitoring and evaluation techniques.

Ohio Equity Institute (OEI) Team Member Reports

Epidemiologist

Jessica Boley, RD, LD

Jessica Boley joined the Stark County THRIVE team at the beginning of FY 2019 grant cycle. Throughout the grant cycle, 80% of FIMR meetings were attended along with 13Technical Assistance calls with Miami University on Monitoring and Evaluation, Community Engagement calls with Measurement Resources Company, and Learning Collaborative calls with Ohio Department of Health.

Lessons learned throughout the OEI 2.0 grant cycle were numerous as Jessica was new to this role. The highlights include:

- Understanding on logic models, work plans, monitoring, and evaluation. Knowledge on how these items all work together to guide programming decisions improved drastically from the beginning of the grant to the end of the grant cycle.
- Improved analysis techniques for both qualitative and quantitative data.
- Improved data visualization skills.

Plans for the future grant cycle include:

- Continued improvement of monitoring and evaluation skills.
- Additional analysis of Stark County indicators.
- Improving reports to stakeholders and funders.

Ohio Equity Institute (OEI) Team Member Reports

Neighborhood Navigator

Elonda Williams, CHW

Elonda Williams joined the OEI team in December of 2018. A seasoned Community Health Worker, Elonda is able to connect with potential clients and make the appropriate referrals to best serve the clients needs.

Success Story

"One of my favorite success stories from this past year is when I screened a pregnant mom. She told me a lot about her life, even when I told her she didn't need to discuss personal issues with me. We ended up talking for almost two hours that day. Three months later, she reached out to me with a situation that I was able to help her with. She was very angry and didn't feel like living anymore. She kept telling me she was going to commit suicide. I kept talking to her and let her know that she has a life growing inside of her that was depending on her. She asked if I could come to her house and take her to the crisis center. I told her that I was unable to give her a ride but I would find her one. After we hung up, I called 9-1-1 to get a medic service to her address. This is my success because her first time meeting me made her trust in the person I am . I was encouraged that our initial conversation made an impact in her life and she knew she could call on me for help."

Since coming on board, Elonda has utilized presentations at various community organizations, tear off information sheets and attended health fairs to identify potential clients and get the word out about our services. She has solid partnerships with various community partners such as Pregnancy Choices, Canton Calvary Missions, Stark County Jail, and Stark County WIC offices.

Presentations	Information Tables	Tear off sheets
Family Support Care Team, North Canton	Alliance Community Pantry, Alliance	Save-A-Lot, Canton
Pregnancy Choices, Massillon & Canton	Salvation Army, Canton	Case Farms, Canton
Stark County Jail, Canton	Canton Calvary Missions, Canton	Coffer's Hair Salon, Canton
Fairless High School, Navarre		G&G Car Wash, Canton
Jackson High School, Massillon		Canton Calvary Missions, Canton
Salvation Army, Canton		

Ohio Equity Institute (OEI) Team Member Reports

Neighborhood Navigator

Elonda Williams, CHW

Barriers and Challenges

Work done by the Neighborhood Navigator has unveiled barriers and challenges with OEI deliverables. These include:

- Moms that are already being served by a home visiting program.
- Neighborhood Navigator unable to serve maternal clients.
- Getting clients to answer when attempting to complete 3 follow-ups within 21 days.
    - "We need to follow-up with clients but we also need to allow them enough time to call and set up whatever appointment needs to be set or utilize the referral. Some clients will see your phone number and will not answer because they already did what was discussed in the initial screening or haven't been able to connect with the referral provider."
- Inability to reach potential clients who were referred (don't answer the phone, the number is disconnected, don't return phone calls, etc.).
- With RedCap, if the Neighborhood Navigator clicks "Submit" instead of "Save", it changes the return code that you originally had for the client. A more in-depth user guide for the system and/or training would be beneficial.

Future Planning

With the first year over and an improved understanding of position requirements, Elonda has been making adjustments to make the upcoming grant cycle more successful. For outreach, she is looking to visit with more smaller companies in Stark County including those in areas outside of the city centers that aren't usually on the radar. Elonda is also planning to disperse Hot Cards to local businesses, focusing on restaurants. The Hot Cards will be eye-catching and include more information than the tear sheets. A more structured and diverse outreach plan is also planned for the upcoming grant year. In regards to clients follow-ups, utilization of a variety of communication methods versus phone calls will hopefully yield more successful follow-ups.

Social Determinates of Health (SDOH) Policy & Practice Change

Background

During the end of 2018, the THRIVE OEI Core Team met to discuss how upstream policy and practice changes in regards to SDOH can have downstream effects on infant mortality. This team came up with a list of seven priority areas: Adolescent Health, Family Planning, Female Incarceration/Courts, Food, Housing, Tobacco Use, and Other.

These areas were then brought to the THRIVE community advisory committee during their quarterly meeting in January 2019. Dawn Miller, Jessica Boley, and Amanda Archer presented information on policy/practice change and an overview of the priority areas as determined by the Core Team. This committee was then charged with looking at each priority area and provided input and additional ideas on:

1) Who was working in that area and what they were doing,
2) What would an ideal policy look like in that area,
3) Gaps evident in that area.

Mary Dunbar, Sisters of Charity Foundation of Canton Senior Program Officer/Special Projects, facilitated approximately 40 members of the THRIVE community advisory committee in a group dialogue based on the World Café model to prioritize the seven proposed SDOH areas. After looking at those three prompts for the seven areas, the committee had an opportunity to rank the priority areas from most important to least important and willingness to serve on a SDOH committee.

The committee selected Housing as #1 and Adolescent Health and Family Planning tied for 2nd based on local and state level data and feedback provided by committee members working in those spaces.

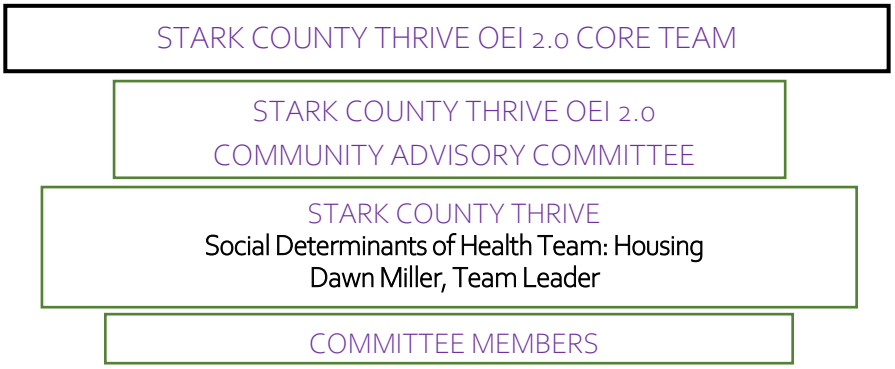
SDOH Policy & Practice Change

Housing Workgroup

Feedback on housing gaps and possible policy/program changes from January 2019 Committee Meeting

Assisted living programs, but clients are allowed only 1 year on program; individuals aging out of foster care are often homeless. Public policy that guides how landlords rent to at-risk populations; Fathers with criminal history not allowed on premises which negatively impacts family support and relationship with child; SMHA no longer ask for proof of pregnancy for prioritizing for housing placement; develop a plan to support pregnant women in transitioning from shelter to stable housing; tenant based rental assistance for pregnant women and pre-eviction planning if hardship/unexpected illness occurs. Quality of housing and affordability; Identify landlords' who would partner with THRIVE to support pregnant women by reducing rental payments if they are working with a THRIVE CHW, Help Me Grow or Moms & Babies First home visitor.

Housing Workgroup Structure



Domestic Violence Project Inc. Melanie Anderson, Medical Advocacy Coordinator	Stark Mental Health & Addiction Recovery Isaac Baez, Diversity & Inclusion Coordinator Jennifer Keaton, Stark Homeless Hotline Coordinator	CommQuest Services - Recovery, Counseling & Support Celestine Barnes, Program Manager	Stark Housing Network Marci Bragg, Executive Director	Community Legal Aid Services, Inc. Marie Curry, Managing Attorney John Petit, Managing Attorney	ICAN Housing Inc. Aaron Wagster, Supportive Services Manager	Stark Metropolitan Housing Authority Lisa Seeden, Resident Services Manager Rikki Kadri, Resident Services Coordinator	City of Canton Department of Development Rollin Seward, Director

SDOH Policy & Practice Change

Housing Workgroup

Adopted Policy/Practice Change

- Stark County Homeless Hotline screening and referral protocol.

Implementation the policy/practice change

As of July 1, 2019 the Stark County Homeless Hotline's protocol for caller prescreen for homeless network services has been changed to ask callers: "Are you pregnant or have a child under age 1?" If caller answers yes, the Intake Specialist describes the services of Stark County THRIVE and asks for verbal permission to make a referral to the Neighborhood Navigator.

The Stark County Homeless Hotline is a department of the Stark County Mental Health & Addiction Recovery, the Hotline operates 24 hours per day, referring callers to appropriate shelters and other programs for the homeless or those at risk of homelessness after conducting an initial assessment interview. The Hotline maintains a current listing of available shelter beds throughout Stark County and works with mental health agencies, hospitals, law enforcement, alcohol and drug treatment centers, and the courts to assist clients in need of shelter, homeless prevention services or other social service supports.

Goal

Improve birth outcomes and infant vitality by increasing identification and referral of pregnant women and women with a child under age 1 to THRIVE Neighborhood Navigator via Stark County Homeless Hotline.

Community partners

- Stark Metropolitan Housing Authority
- City of Canton Development
- Stark Housing Network
- Stark Mental Health & Addiction Recovery-- Homeless Hotline
- CommQuest--Homeless Prevention and Diversion Program
- ICAN Housing
- Canton YWCA
- Community Legal Aid

Barriers and challenges/opportunities for improvement

Canton is one of the top 10 cities in the United States for open and filed evictions. An unfortunate situation is created when an eviction is filed then the tenant catches up and pays rent over and over again. The filing stays on the client's court record even though they paid in full, resulting in difficulty finding housing.

In regards to barriers for participation on the workgroup, none were identified.

SDOH Policy & Practice Change

Housing Workgroup

Additional Policy/Practice changes adopted

- Stark Metropolitan Housing Authority: ability to prioritize pregnant women for processing housing placement.
- THRIVE Community Health Workers: expand on the questions asked to clients about housing status/needs to be more probative to support opening of Housing Pathway especially identification of women who may be precariously housed.
- Coordination with city and county development directors to identify funds to be used for tenant based rental assistance for pregnant women.

Housing Workgroup	Totals
# of meetings held	3
# of Agencies Represented	6-7
Average percentage of members attending	80%
# of policy/practice changes recommended	4
# of policy/practice changes implemented	1

SDOH Policy & Practice Change

Adolescent Health/Family Planning Workgroup

Feedback on Adolescent Health gaps and possible policy/program changes from January 2019 Committee Meeting

Gaps include: Sexual education with coach/mentors; College level education places: direction programs on campus; Non-traditional schooling/community organizations; Department of Youth Services systems; Parents; Mental health talks; Involvement (parent, father); Insurance (shouldn't be); Employment

Ideal policies would be: 6th-7th grades: Decision making, Relationships, Health Planning Skills, Protection, Childbirth; Parent Seminars Conference; Whole Child Model; Age Appropriate Health Education; Kids 1st/Babies 1st; Abstinence/Avoidance/Life planning; Age for driving and licensure to increase; Health managers in schools

Feedback on Family Planning gaps and possible policy/program changes from January 2019 Committee Meeting

Gaps include: Move towards churches and outside the normal circle; Is family planning or prevention in schools for youth?; Include family planning more in father's conversation; People are not aware of programs

Ideal policies would be: Education in non-traditional places: handouts; After delivery (right at the hospital): a class that talks about family planning (incentives); Billboards and signs (awareness material); Partner with sports organizations to talk to athletes (boys) about family planning; Class about ethics that is on family structure (to gain insight on the why).

Adolescent Health/Family Planning Workgroup Structure

STARK COUNTY THRIVE OEI 2.0 CORE TEAM

STARK COUNTY THRIVE OEI 2.0
COMMUNITY ADVISORY COMMITTEE

STARK COUNTY THRIVE
Social Determinants of Health Team: Adolescent Health/Family Planning
Jessica Boley, Team Leader

COMMITTEE MEMBERS

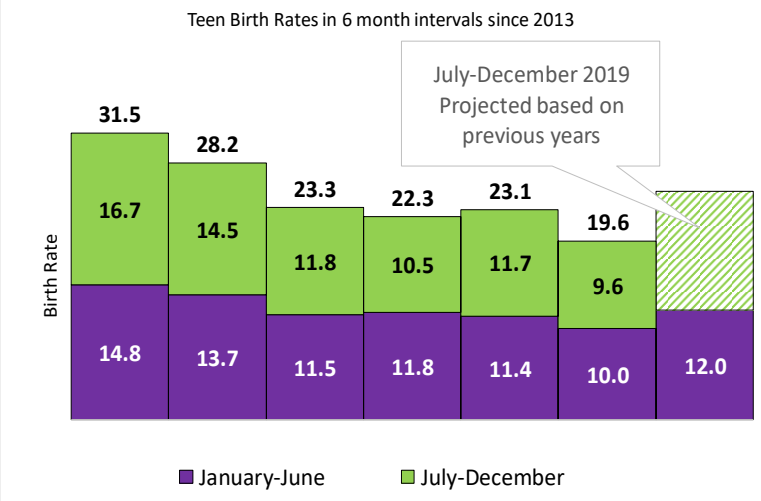
Stark County Department of Job & Family Services Matt Lytle, Program Administrator, Fatherhood Coalition	Stark County Help Me Grow Christine Frank, MIECHV and Home Visiting Supervisor	Community Partner Remel Moore	CareSource Shauna Shell	Stark County Health Department Ashlee Wingerter, Staff Nurse	Canton City Public Health Amanda Archer, Epidemiologist II David McCartney, Early Intervention Specialist

SDOH Policy & Practice Change

Adolescent Health/Family Planning Workgroup

Progress

While there hasn't been a policy or practice change adopted for this group, they discussed multiple options and received input from other outside organizations such at Stark Mental Health & Addiction Recovery. While the teen birth rate (ages 15-19) has been going down the past few years , we saw an increase in our rates in the first half of 2019.



That lead the group to ask the question "Who is ultimately responsible for educating children on their reproductive health and the risks of unprotected sex?" to which the answer was the parents and caregivers.

Time was spent looking for relevant baseline data on parents and caregivers behaviors regarding these topics with no results. As a result, the workgroup thought it would be of benefit to survey the parents and caregivers to see if they are discussing these topics with their children. The hope is that if parents and caregivers discuss these topics on a regular basis, the children will be more aware of the benefits associated with annual checkups and the risks of unprotected sex. The survey will be sent out to Stark County residents to assess their knowledge regarding adolescent health and risks of unprotected sex and to gather baseline data on beliefs of parents and caregivers regarding these topics. For families that request additional information, fact sheets from various sources including the Centers for Disease Control & Prevention will be sent. Those that request additional information will then be reassessed to see if the information provided increased the likelihood and/or frequency of the them discussing these topics with their children and increased their own knowledge on those topics.

We will then be able to use this data to inform local schools and organizations to improve policies and promote education and practice changes on these topics in the short term which may affect future birth outcomes.

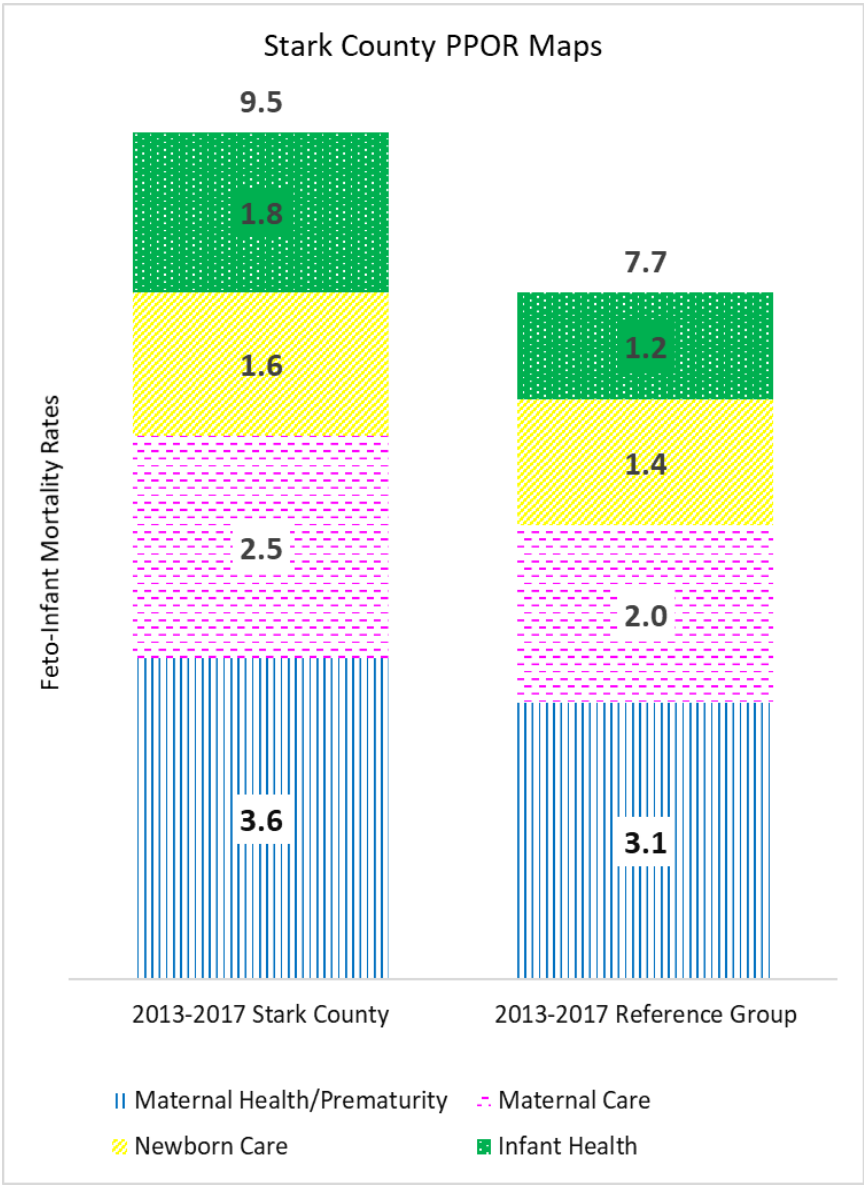
Adolescent Health/Family Planning Workgroup	Totals
# of meetings held	5
# of Agencies Represented	6-8
Average percentage of members attending	80%
# of policy/practice changes recommended	0
# of policy/practice changes implemented	0

Perinatal Periods of Risk (PPOR) Analysis & Findings

PPOR was developed by CityMatCH in order to analyze fetal and infant deaths in a manner that would be beneficial to the community in which it was conducted. Stark County previously completed Phase 1 of the analysis using deaths from 2006-2010. For the OEI grant cycle, Phase 1 was again completed using deaths from 2013-2017.

The second part of Phase 1 is to compare the study population (All of Stark County) with a reference group who has better or optimal birth outcomes to determine where excess deaths are occurring in the community. In most cases an internal reference group that represents roughly 15% or more of the population is used. The National suggested reference group is Non-Hispanic/ Latinx White mothers, 20 or more years of age having 13 or more years of education. Utilizing this reference group, we were able to determine an excess mortality rate of 1.8 in the County as a whole population. By comparing the two rates, if Stark County as a whole had the same birth outcomes as the reference group there could have been 38 fewer feto-infant deaths from 2013-2017.

Breaking the deaths down into groups helps us to determine which Period of Risk is causing the highest rate of deaths and where future planning efforts should be focused. As with the last PPOR analysis, the highest feto-infant mortality rate for Stark County was in the Maternal Health/Prematurity Phase.



Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health
Chronic Disease Health Behaviors Perinatal Care	Prenatal Care High Risk Referrals Obstetric Care	Perinatal Management Neonatal Care Pediatric Surgery	Sleep-Related deaths Injuries Infections

Perinatal Periods of Risk (PPOR) Analysis & Findings

In order to move forward with Phase 2 of the analysis, which explores why the excess deaths occur, there needs to be an excess mortality of 1.0 in one of the four periods of risk. Comparing the reference group to the population as a whole, the greatest excess rate was 0.6. The THRIVE Epidemiologist worked to find an internal reference group in which there was an excess mortality rate greater than or equal to 1.0 in order to do a reliable Phase 2 but limitations presented themselves due to low numbers which would yield an unreliable analysis.

After much deliberation, it was decided that while we would like to have 2017 data included, we weren't able to reach a valid reference group. From the Ohio Department of Health, we were able to obtain a reference group that covered 2013-2016 and included NH White mothers, 20 years or older with greater than a high school diploma. Utilizing this reference group, we were able to obtain an excess mortality rate of 1.0 or greater in the Maternal Health & Prematurity Phase and therefore able to move forward with Phase 2 analysis, studying Stark County as a whole.

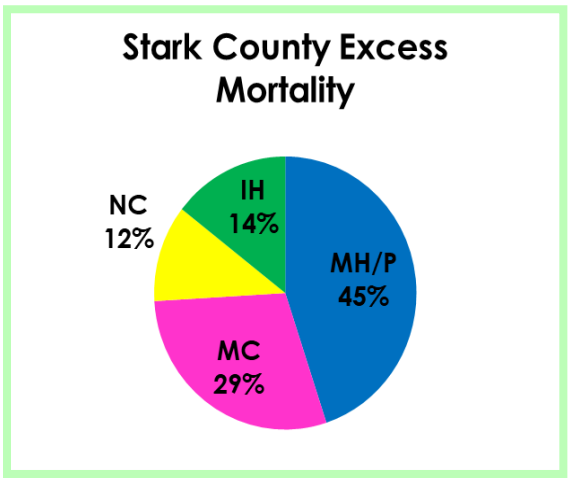
Assuming the reference rate is a constant for each of the periods of risk:

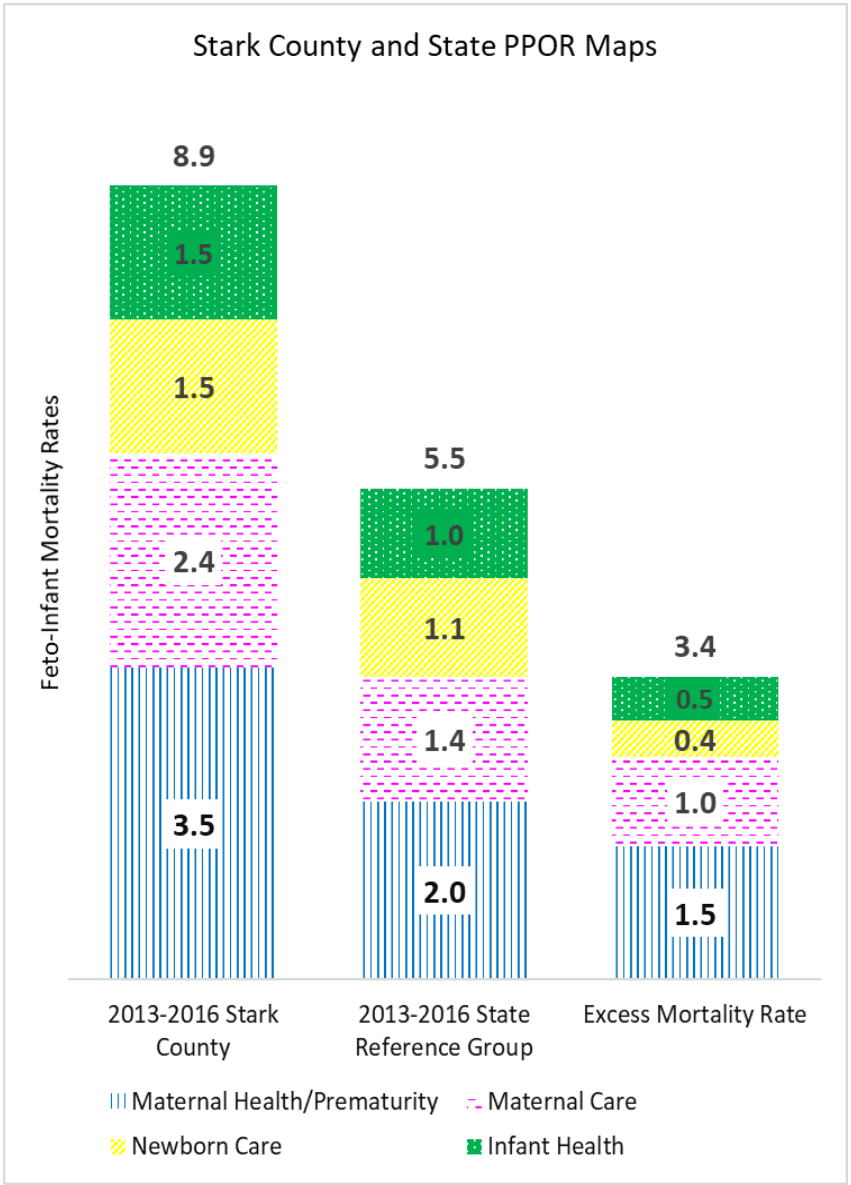
Stark County Maternal Health & Prematurity rate is 1.8x higher than the State Maternal Health & Prematurity rate.

Stark County Maternal Care rate is 1.7x higher than the State Maternal Care rate.

Stark County Newborn Care rate is 1.3x higher than the State Maternal Care rate.

Stark County Infant Health rate is 1.5x higher than the State Infant Health rate.



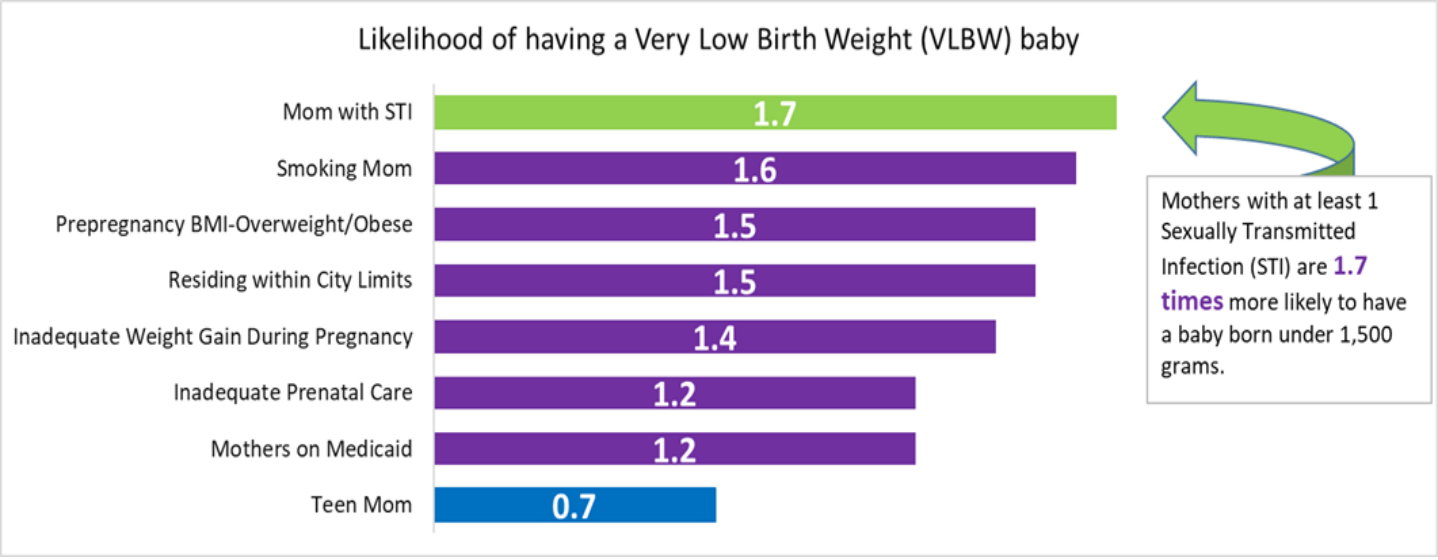


Perinatal Periods of Risk (PPOR) Analysis & Findings

The first step of Phase 2 analysis is to perform a Kitagawa analysis which explores two branches of possible reasons for the excess mortality. One branch looks at perinatal care while the other explores the frequency of very low birth weight births (under 1,500 grams). By conducting this phase of the analysis comparing Stark County as a whole against NH White mothers in Stark County, it was determined that the excess risk in Stark County may be occurring due to a higher frequency of pregnancies that end with birthweights under 1,500 grams. It was attempted to conduct a second reference group for NH Black mothers, but as in Phase 1, the number of deaths were too low to conduct a reliable analysis. When the excess deaths can be attributed to a higher frequency of VLBW births, we are able to further explore reasons that may contribute to this inequity such as behavioral, social, health, and economic disparities.

The second step of Phase 2 is to determine what risk factors may be most attributing to the excess risk. Risk Ratio calculations were conducted for various behavioral, health, and economic disparities which showed us that the greatest risk was associated with mothers that had at least 1 sexually transmitted infection (STI). Those mothers are 1.7 times more likely to have a baby born under 1,500 grams. STI's included in this analysis were Gonorrhea, Syphilis, Herpes, Chlamydia, Bacterial Vaginosis, and Trichomoniasis.

Future programming in Stark County is able to refer to these risk ratios to guide future interventions.



Future Planning

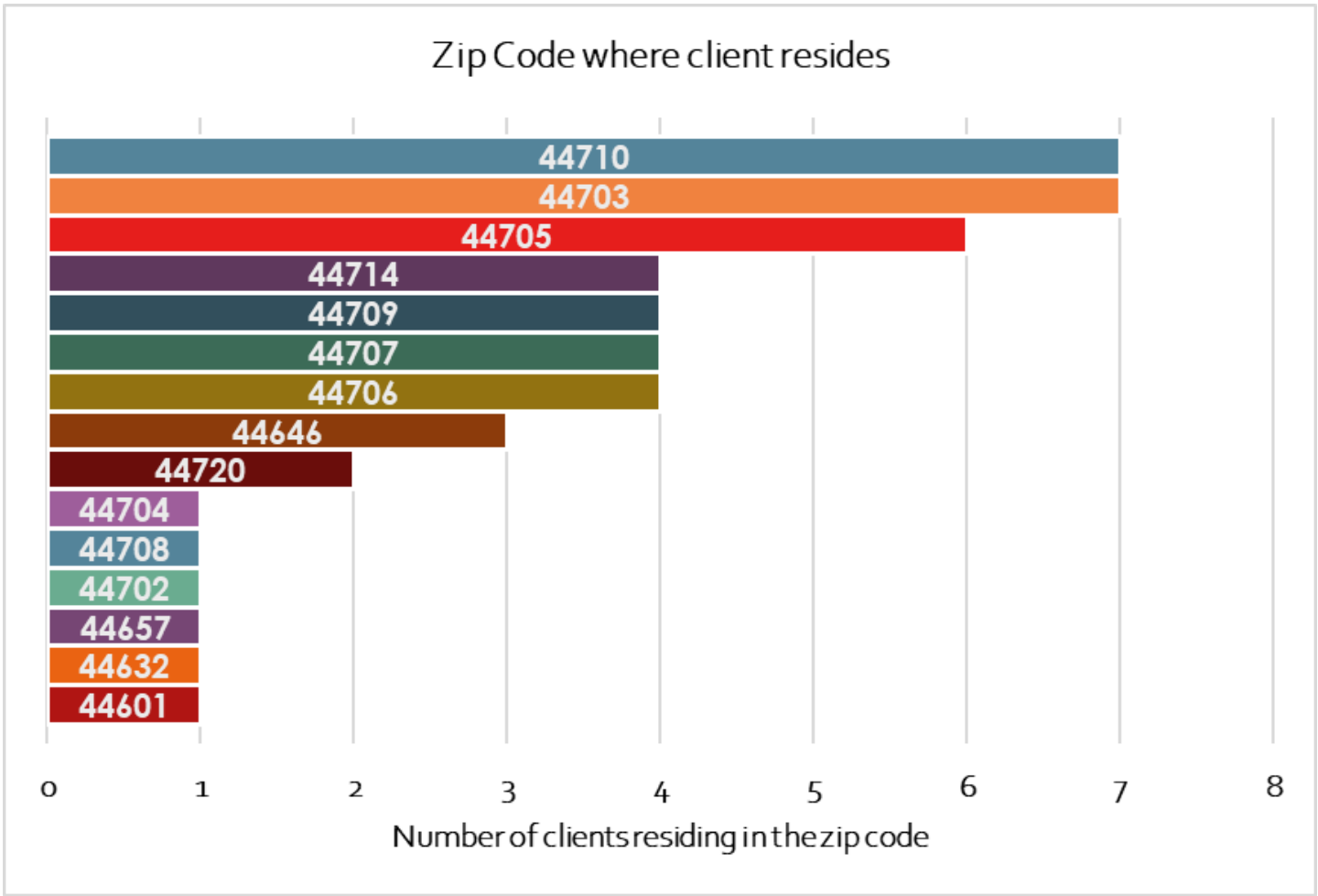
In the upcoming grant cycle, Stark County OEI is planning to continue to build upon lessons learned from FY19. This includes more efficient use of monitoring and evaluation tools, improved communication between team members to streamline work, and a more purposeful outreach plan. Additional data we will be monitoring in the upcoming grant cycle includes teen births, especially amongst the Hispanic/Latinx populations and smoking rates with the adoption of "Tobacco 21" law. We will also be utilizing the PPOR results to see how current programs can be improved to reduce very low birth weight births.

In regards to SDOH, the Adolescent Health/Family Planning Workgroup will continue to move forward with surveying residents with anticipated completion of analysis by Summer 2020. This survey will help guide future programming not only in THRIVE but will be communicated with stakeholders and the community at large to help facilitate change.

As we continue to work to improve the birth outcomes for Stark County residents, we will take the time to reflect on what is working in our county and what is not and make adjustments to our planning as needed.

OEI Focused Data

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Women Screened but ineligible	0	3	2	3	8
Eligible Women (n)	0	5	24	18	47
Race, Ethnicity					
White, non-Hispanic	0%	20%	58%	56%	53%
Black, non-Hispanic	0%	80%	42%	39%	45%
Other, non-Hispanic	0%	0%	0%	0%	0%
Hispanic	0%	0%	0%	5%	2%
Age					
<18yrs.	0%	0%	13%	0%	6%
18 - 24yrs.	0%	20%	29%	33%	30%
25 - 27yrs	0%	20%	33%	44%	36%
28+	0%	60%	25%	22%	28%
Education					
Less than HS	0%	20%	33%	28%	30%
HS degree/GED	0%	20%	46%	56%	51%
Some college/associate's	0%	60%	17%	17%	17%
Bachelor's degree or more	0%	0%	4%	0%	2%
Insurance Type					
Private	0%	0%	0%	0%	0%
Medicaid	0%	80%	96%	89%	91%
Uninsured	0%	20%	4%	11%	9%



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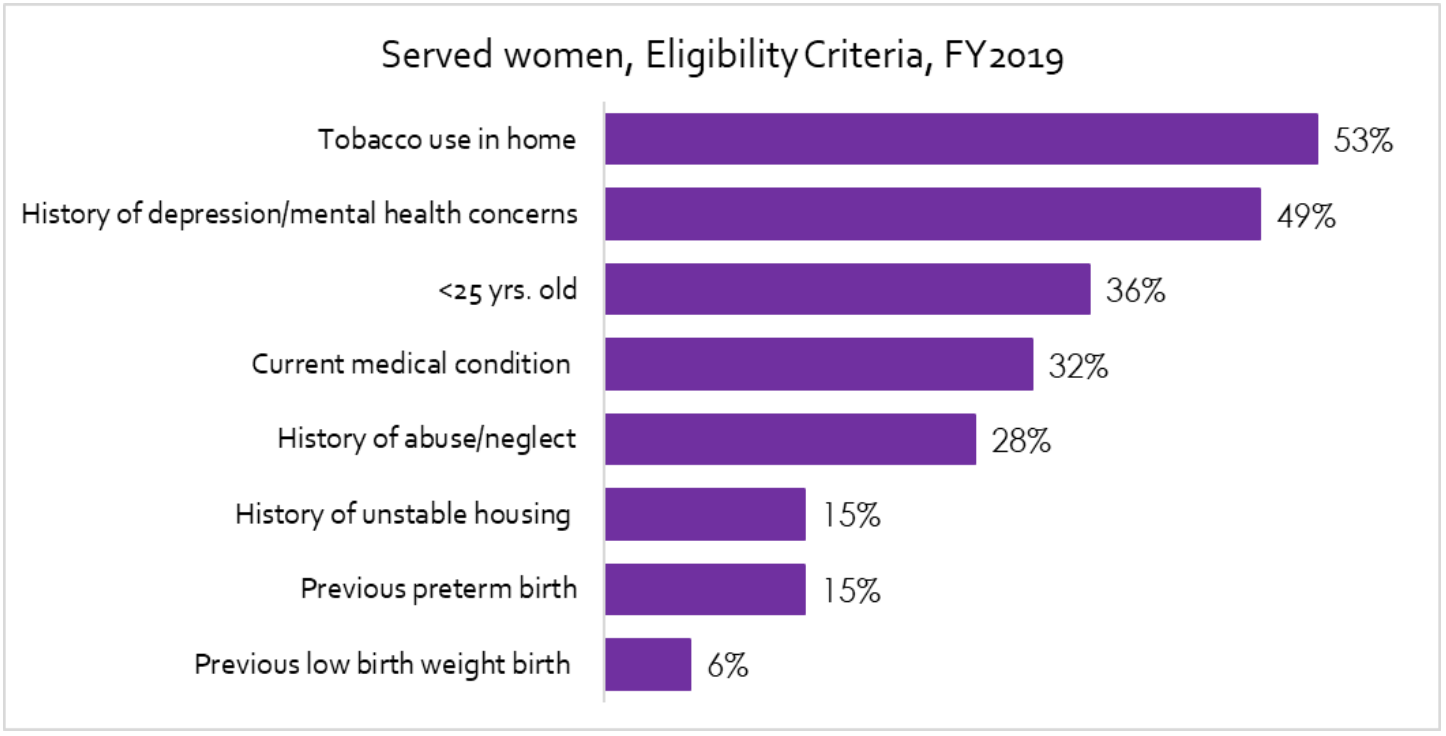

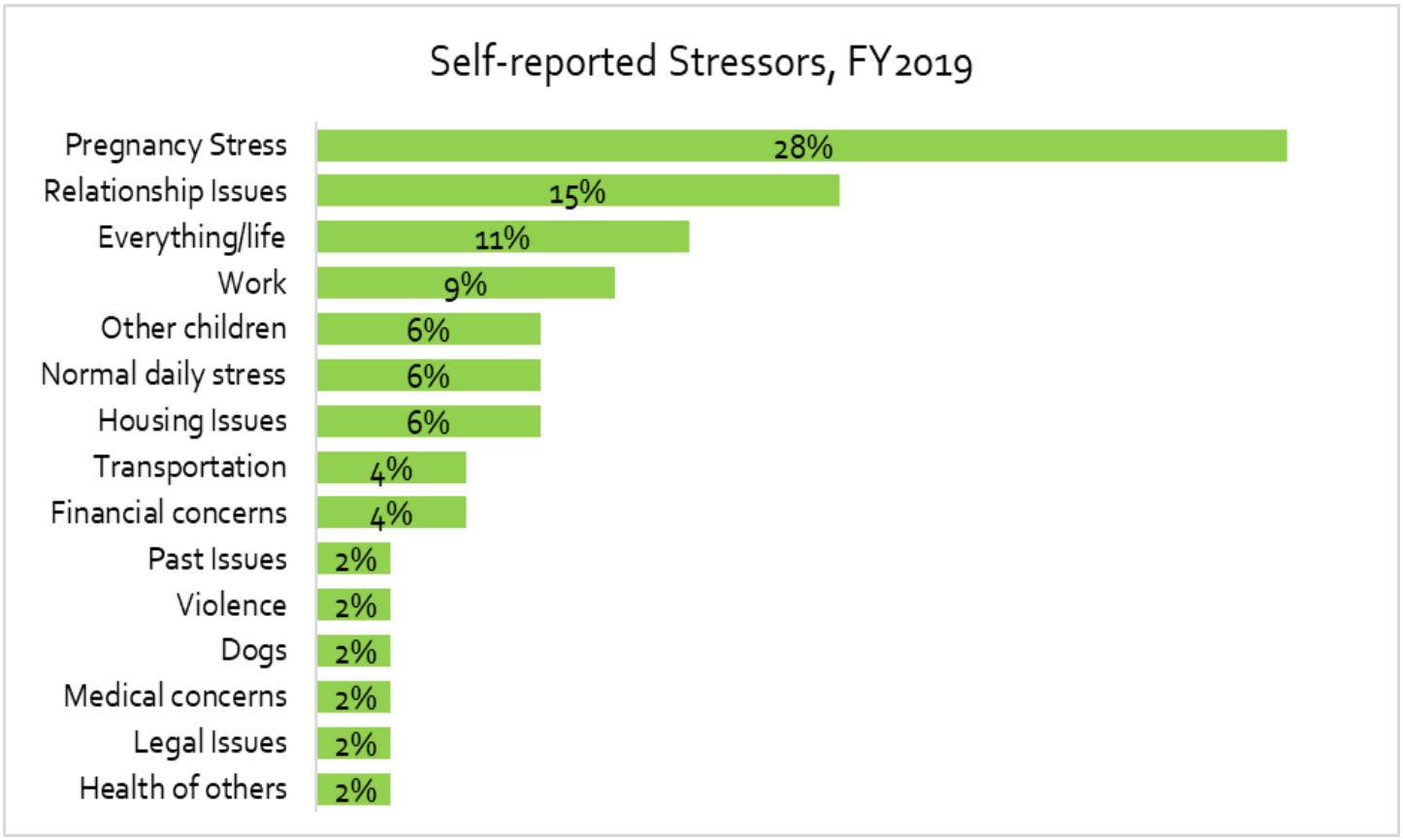

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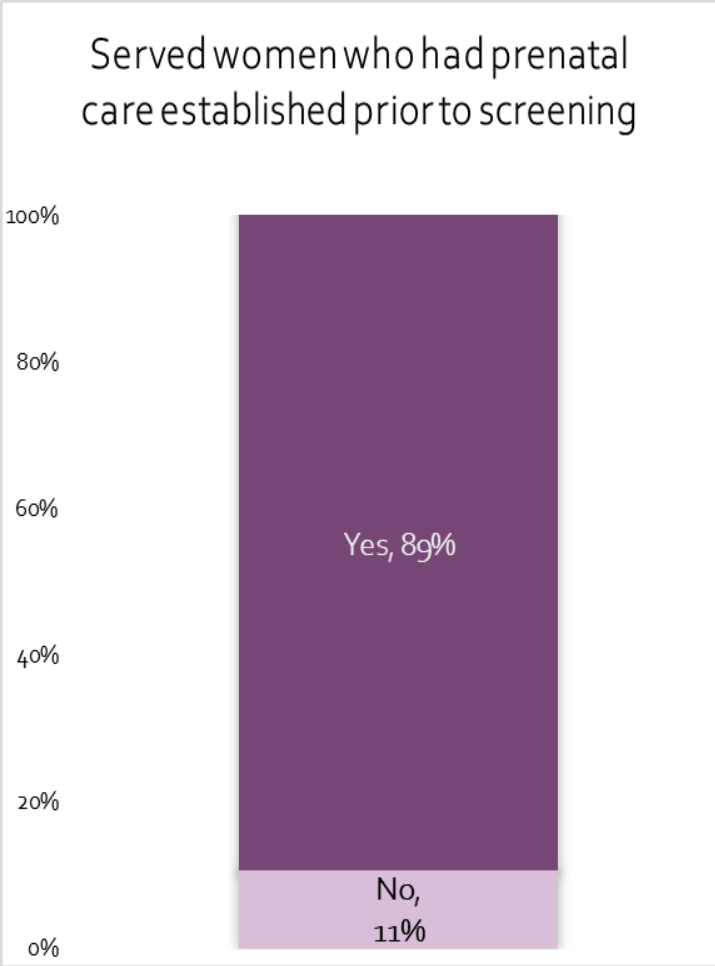

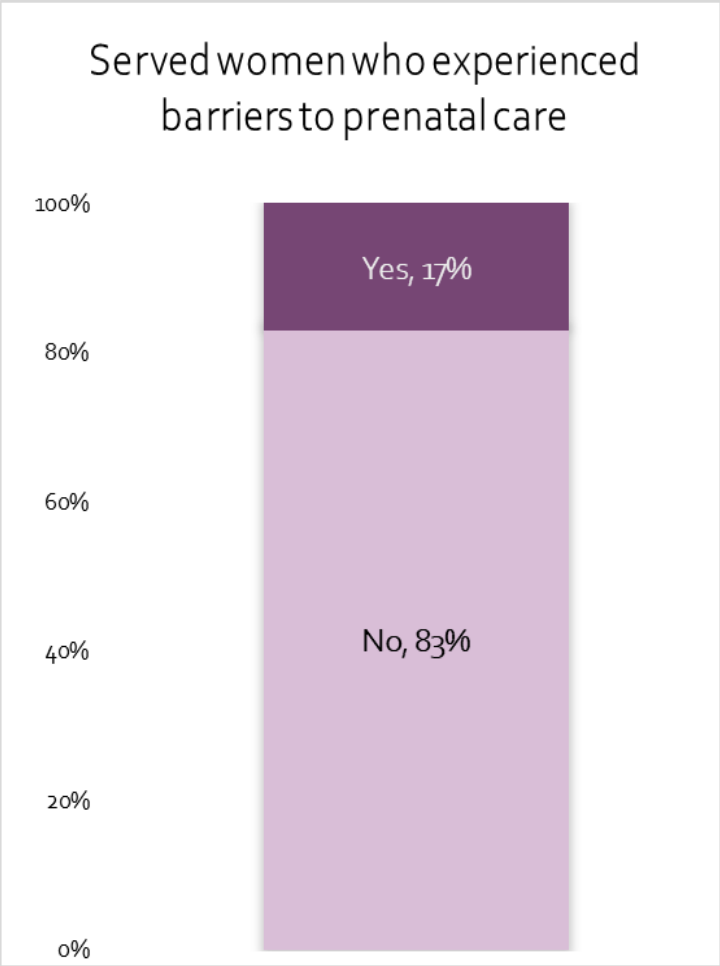

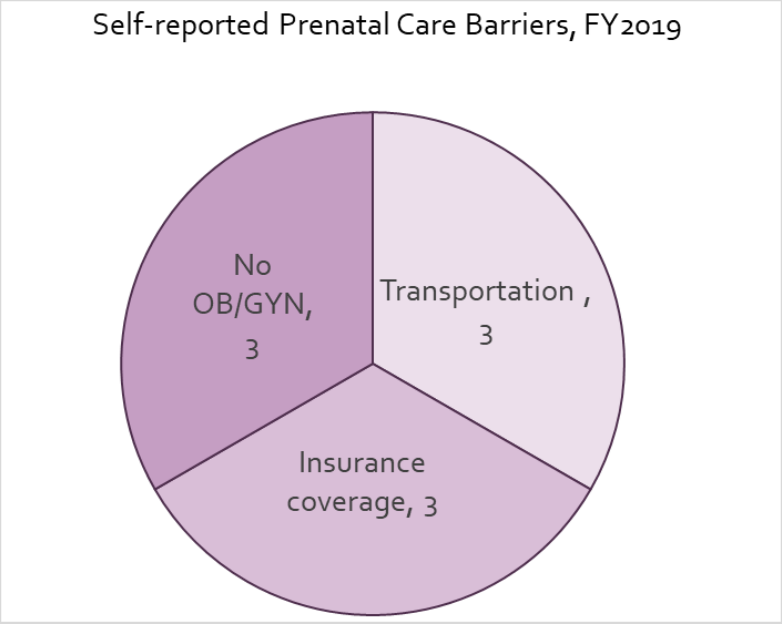

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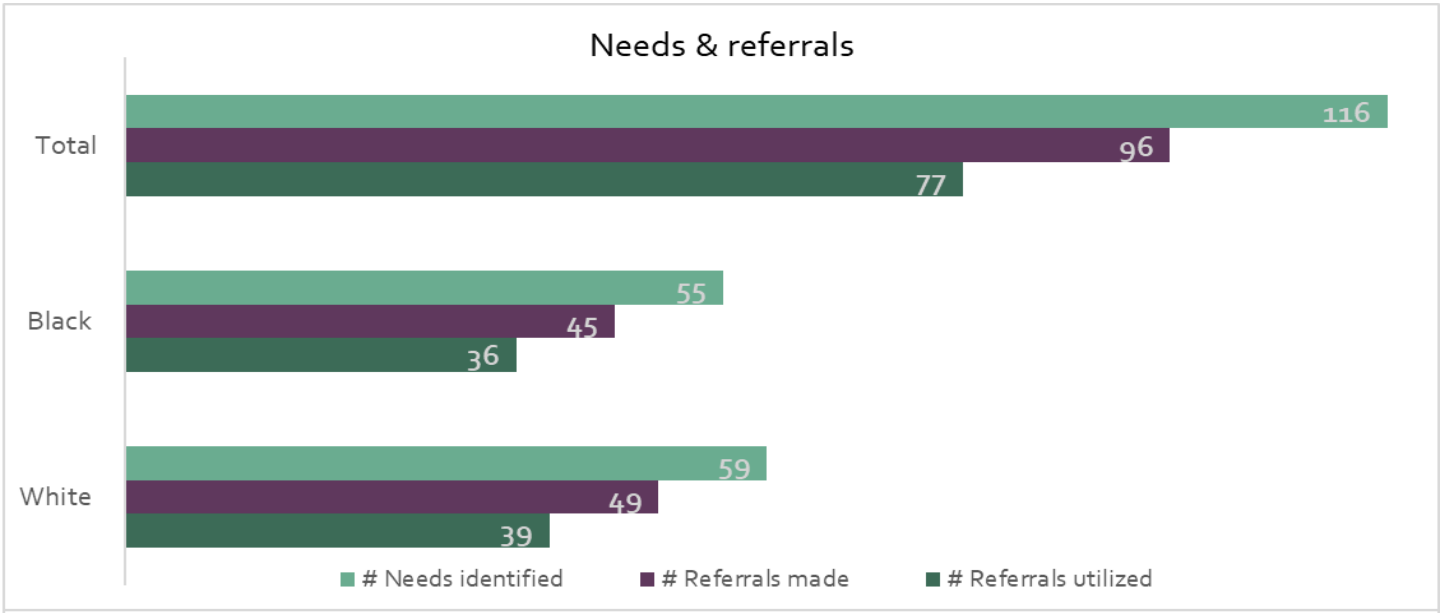

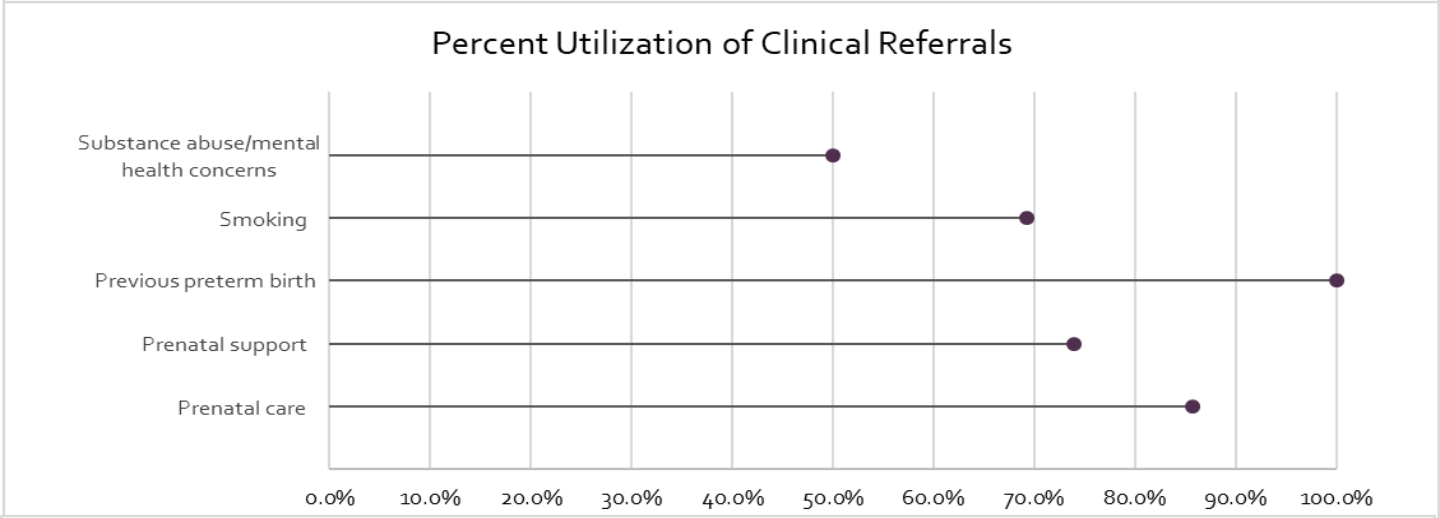

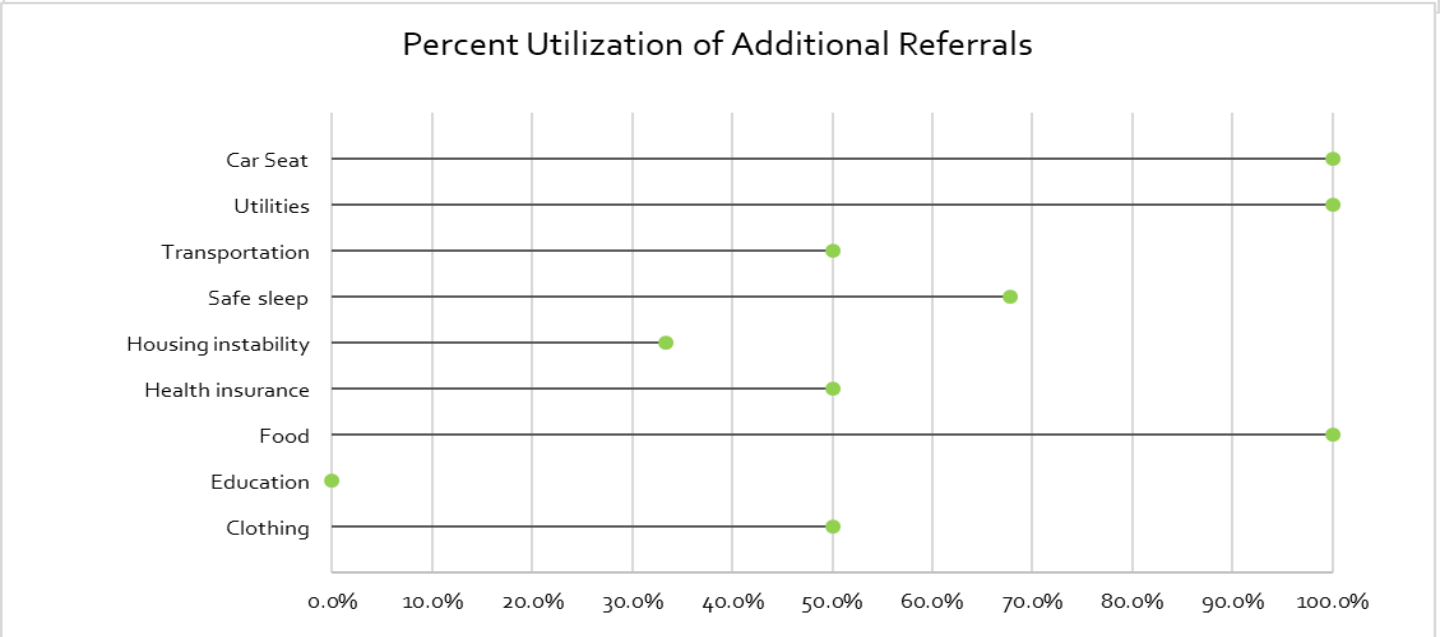

Data Tables

Neighborhood Navigator Outcomes				
	White	Black	Other	Total
# Women screened	32	30	1	63
# Eligible women	25	21	1	47
# Eligible women served	25	21	1	47
# Needs identified	59	55	2	116
# Referrals made	49	45	2	96
% Needs met	83%	82%	100%	83%
# Referrals utilized	39	36	2	77
% Referrals utilized	80%	80%	100%	80%

Clinical Referrals			
	Referrals Made	Referrals Utilized	% Utilized
Prenatal care	7	6	85.7%
Prenatal support	46	34	73.9%
Previous preterm birth	3	3	100.0%
Smoking	13	9	69.2%
Substance abuse/mental health concerns	2	1	50.0%
Total	71	53	74.6%

Additional Referrals			
	Referrals Made	Referrals Utilized	% Utilized
Clothing	2	1	50.0%
Education	2	0	0.0%
Food	1	1	100.0%
Health insurance	4	2	50.0%
Housing instability	3	1	33.3%
Safe sleep	31	21	67.7%
Transportation	4	2	50.0%
Utilities	1	1	100.0%
Car Seat	1	1	100.0%
Total	49	30	61.2%

Data Tables

	Birth Count	Infant Deaths*	IMR
Overall	4060	26	6.4
NH Black	505	3**	5.9
NH White	3325	23	6.9
Other	203	0	0.0
*Deaths categorized by Ethnicity/Race at Birth			
**IMR should be viewed with caution as less than 10 deaths occurred			

Birth Weight Groups		
	Births	Deaths
Very low birth weight (<1500g)	70	11
Low birth weight (1500-2499g)	309	3
Normal birth weight (2500-3999g)	3334	7
High birth weight (4000+g)	346	3
Unknown birth weight	1	2

Gestational Age Groups		
	Births	Deaths
Extremely preterm (<28 weeks)	26	11
Very preterm (28 to <32 weeks)	43	1
Moderate to late preterm (32 to <37 weeks)	338	6
Early term (37 to <39 weeks)	948	2
Term (39-41 weeks)	2697	5
Post Term (42+ weeks)	5	0
Unknown	3	1

Entered into prenatal care during first trimester		
	#	%
Overall	2566	63.20%
NH Black	280	55.45%
NH White	2190	65.86%
Other	96	47.29%

Data Tables

Mothers diagnosed with…			
	gestational hypertension	gestational diabetes	preexisting diabetes
Overall	393	307	48
NH Black	53	24	9
NH White	324	257	37
Other	16	26	2

Breastfeeding Status at Discharge			
	Yes	No	Unknown
Overall	2887	1170	3
NH Black	304	201	0
NH White	2442	880	3
Other	141	89	0

Mother was smoking…			
	3 months prior to pregnancy	at any point of pregnancy	during the third trimester
Overall	755	647	554
NH Black	113	96	72
NH White	626	542	475
Other	16	9	7

Interpregnancy Intervals (amongst singleton births)					
	Under 12 months	12-17 months	18-23 months	24+ months	Unknown
Overall	459	379	316	1290	1443
NH Black	75	39	26	176	161
NH White	357	322	271	1034	1206
Other	27	18	19	80	76

Additional Resources & References

Healthy People 2020
http://www.healthypeople.gov

Ohio Department of Health
Application Gateway
http://www.odhgateway.odh.ohio.gov
Youth Risk Behavior Survey
https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/youth-risk-behavior-survey/youth-risk-behavior-survey
Ohio 2017-2019 State Health Improvement Plan
https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/Media/Ohio-2017-19-State-Health-Improvement-Plan

Canton City Public Health
Stark County Community Health Improvement Plan
http://cantonhealth.org/ophi/pdf/StarkCounty_CHIP_03_17Final.pdf

CityMatCH
http://www.citymatch.org

Analysis contained within this report conducted were conducted by Jessica Boley, RD, LD THRIVE Epidemiologist I and Amanda Archer, CCPH Epidemiologist II. At the time of this release (October 2019), 2018 death data was preliminary and subject to change.

Birth and death data was accessed from ODH Data Warehouse. Final access for analysis 10/7/2019.

"These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions"

OEI data accessed from ODH RedCap System. Final access for analysis 10/7/2019.

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